

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 7/10/2018

Auditor Information

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| Company Name: 3D PREA Auditing & Consulting, LLC | |
| Mailing Address: P.O. Box 5825 | City, State, Zip: Greenwood, FL 32443 |
| Telephone: 850-209-4878 | Date of Facility Visit: June 11-13, 2018 |

Agency Information

| | | | |
|------------------------------------|-----------------------------------|---|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Missouri Department of Corrections | | | |
| Physical Address: 2729 Plaza Drive | | City, State, Zip: Jefferson City, Missouri 65109 | |
| Mailing Address: | | City, State, Zip: | |
| Telephone: 573 751-2389 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |

Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

Agency Chief Executive Officer

| | |
|---------------------------------|-------------------------|
| Name: Anne L. Precythe | Title: Director |
| Email: Anne.Precythe@doc.mo.gov | Telephone: 573 751-2389 |

Agency-Wide PREA Coordinator

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| Name: Vevia Sturm | Title: Missouri DOC PREA Coordinator, Office of Professional Standards (OPS) |
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573 5751-2389 |

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|--|---------------------------------------|---|---|
| PREA Coordinator Reports to: Matt Briesacher | | Number of Compliance Managers who report to the PREA Coordinator 0 | |
| Facility Information | | | |
| Name of Facility: Algoa Correctional Center | | | |
| Physical Address: 8501 No More Victims Road, Jefferson City, Missouri 65101 | | | |
| Mailing Address (if different than above): | | | |
| Telephone Number: 573 751-3911 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: Improving Lives for Safer Communities. | | | |
| Facility Website with PREA Information: http://doc.mo.gov/programs/PREA | | | |
| Warden/Superintendent | | | |
| Name: Kelly Morriss | | Title: Warden | |
| Email: Kelly.Morriss@doc.mo.gov | | Telephone: 573 751-3911 | |
| Facility PREA Compliance Manager | | | |
| Name: Kelly Morriss | | Title: Warden | |
| Email: Kelly.Morriss@doc.mo.gov | | Telephone: 573 751-3911 | |
| Facility Health Service Administrator | | | |
| Name: Masonda Wheatley | | Title: Health Service Administrator | |
| Email: Masonda.Wheatley@corizonhealth.com | | Telephone: 573 751-3911 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 1537 | | Current Population of Facility: 1507 | |
| Number of inmates admitted to facility during the past 12 months | | | 1583 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 1561 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 1583 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of | Youthful Inmates Under 18: N/A | Adults: 18-80 | |

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|--|---|-----------------------------|--|
| Population: | | | |
| Are youthful inmates housed separately from the adult population? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | N/A | | |
| Average length of stay or time under supervision: | .9 years | | |
| Facility security level/inmate custody levels: | Minimum | | |
| Number of staff currently employed by the facility who may have contact with inmates: | 362 | | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | 59 | | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | 2 | | |
| Physical Plant | | | |
| Number of Buildings: 23 | Number of Single Cell Housing Units: 0 | | |
| Number of Multiple Occupancy Cell Housing Units: | 10 | | |
| Number of Open Bay/Dorm Housing Units: | 14 | | |
| Number of Segregation Cells (Administrative and Disciplinary): | 98 | | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): ACC currently has 300 cameras supported by 5 DSSRVs. The cameras are placed strategically throughout the institution to ensure the safety and security of both offenders and staff | | | |
| Medical | | | |
| Type of Medical Facility: | Short term medical facility – no infirmary | | |
| Forensic sexual assault medical exams are conducted at: | Facility by Corizon Health for offender-on-offender. Capital Region Medical Center for staff-on-offender. | | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 72 | | |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 10 | | |

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Alcoa Correctional Center (ACC), Missouri Department of Corrections (MODOC) was conducted on June 11-13, 2018. This was the second PREA audit for this facility. The PREA Audit was coordinated through the MODOC and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the MODOC Office of Professional Standards (OPS) PREA Manager and the 3D President to schedule the assigned audit. Prior to the on-site visit, the Assistant PREA Manager from OPS conducted an on-site "pre-audit" of the facility to prepare for the PREA audit. The facility's PREA Coordinator recently retired and his position is currently vacant. Until this position is filled the Warden is assuming these duties. As a result of the Agency's pre-audit, the Warden issued directives to staff to correct the deficiencies identified prior to the start of the on-site audit.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The entrance meeting was held with Warden, Major and Assistant OPS PREA Manager and the PREA auditor. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and offenders. Areas visited during the tour included the main lobby, all offender housing areas including segregated housing, intake, administration, medical unit, all program areas, inside and outside recreation, control room, warehouse, and, supply. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to offenders. The notification of the PREA audit visit was documented as posted on May 3, 2018. A photograph of the posted notice was provided to the auditor.

ACC has 362 staff that may have contact with offenders. The security staff is assigned to three 8 hours shifts. The auditor conducted interviews with security, non-security, specialized staff, Warden, volunteer and contractors that included male and female staff. The Agency Head, Contract Monitor and PREA Manager interviews had previously been conducted by another DOJ certified PREA Auditor and were utilized as part of this audit. The auditors conducted 16 random sample staff interviews and 20 specialized and management staff interviews for a total of 36 staff interviews. Security staff were interviewed from all three shifts and included: Major, Captains, Lieutenants, Sergeants and Correctional Officers. All staff at ACC are trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit there were 1,507 offenders at ACC. Forty-one offenders were selected to be interviewed. One offender to be interviewed resulting in forty offenders being interviewed. Twenty-three offenders were randomly selected, and sixteen offenders were in the targeted group. These included four offenders who had physical or mental disabilities, four

offenders who self-identified as transgender, four offenders that self-identified as gay or bisexual and 5 offenders who reported prior sexual victimization. All target group inmates identified by the facility were interviewed. The facility did not have any inmates who were; youthful offenders, LEP or offenders in protective custody for any PREA related issue. All inmates interviewed stated they felt generally safe, demonstrated a good understanding of PREA and reporting options.

The auditors examined a random sampling of personnel files, staff training files, and volunteer/contractor files that are maintained at the institution. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that the all staff understood the PREA training received. The auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of the risk screenings performed. The auditor also observed the intake process.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were seven allegations of sexual abuse and three allegations of sexual harassment received in the past twelve month. There was six alleged staff on offender sexual abuse/ harassment investigations. The administrative findings of the alleged staff on offender allegations were two (2) unfounded, one (1) unsubstantiated, one substantiated and 2 cases are still open. Of the four (4) offender on offender allegations of sexual abuse/harassment; One (1) was unfounded, two (2) were unsubstantiated and one (1) remains open There were no substantiated allegations that were referred for criminal prosecution.

When the on-site audit was completed, an exit meeting was held with the Warden and other management staff to discuss audit findings. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. All interviews and observations supported compliance. The facility staff was found to be cooperative and professional. Staff morale appeared to be very good and they took pride in their work and the observed staff/inmate relationships were determined to be good. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Warden and staff for their hard work, dedication and commitment to comply with PREA standards.

Facility Characteristics

The Algoa Correctional Facility was built in 1932 and is a minimum security institution located in Jefferson City, Missouri that houses adult male offenders. The design capacity of the facility is 1,537 offenders. The facility has 11 living units which consist of both multiple occupancy cell

housing unit and open bay dormitory style units. It has a 98 bed segregation unit. There are a total of 23 buildings on the grounds to include several maintenance buildings, shop areas, food service, education, vocational, medical, chapel and recreation.

The facility offers a variety of educational and vocational programs and offers work release. The facility has the distinction of being the only male correctional facility in Missouri that has the InnerChange Freedom Initiative program (IFI). This is a program offered by the prison fellowship ministries, and starts in the last year or two of an offender's sentence. The IFI program prepares offenders for life after prison by helping the offender to develop spiritual and moral compass, and by creating a system of values within the inmate. ACC also has a Puppies for Parole Program. Puppies for Parole operates through partnerships with animal shelters and animal advocate groups statewide. In Puppies for Parole, selected offenders have the opportunity to become trainers to rescue dogs. Offenders teach dogs basic obedience skills and socialize them, making them more adoptable. Once the dogs have successfully completed the program, they are adopted through their original shelters.

Summary of Audit Findings

Number of Standards Exceeded: 3

115.16, 115.17 and 115.41

Number of Standards Met: 42

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

During the tour, the auditor noted a concern regarding cross gender viewing by the inside segregation recreation area. Action was taken immediately and a privacy screen was installed by the toilet in the segregation recreation area during the audit. Tour of the facility found a "blind spot" in storage area and the showers in 16 building. Action was taken immediately and a mirror was installed in the storage area. The showers had solid ceiling to floor shower curtains which were replaced with a PREA style shower curtain which are clear on the top and bottom. The facility sent the auditor pictures of the installed curtains on 6/25/2018.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MODOC Policy D1-8.13); Offender Handbook; Director's Office and Facility Organization Charts and duties of the PREA Manager and PREA Site Coordinator were reviewed and address all the requirements of this standard. ACC and MODOC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and bi-annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and offenders' awareness.

The Office of Professional Standards has a PREA Manager assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns. Each facility designates a PREA site coordinator (typically a Deputy Warden) who has sufficient time and authority to ensure the facility's compliance with the PREA standards. At ACC the PREA site coordinator was the Deputy Warden however, he has recently retired and his position is currently vacant. The Warden has assumed the PREA Compliance Manager duties.

Based on review of policy, procedures, offender handbooks, education and orientation process, training curriculums and interviews with the PREA Manager, Warden, staff and offenders, observation of bulletin boards, posters and PREA, material during the tour of the facility, it was apparent that MODOC and ACC are committed to zero tolerance of sexual abuse and sexual harassment and meet the requirement of Standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and contracts with community confinement facilities under the authority of the Division of Probation and Parole were reviewed and meet the requirements of this standard. The contracts require that the contractors adopt and comply with PREA standards and compliance is monitored by the Agency.

Based on review of policies, documentation and interview with the PREA Manager, the Agency is compliant with Standard 115.12. ACC does not contract nor have any offenders confined with contract entities.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and

determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, PREA Yearly Staffing Report; Annual PREA Report and Staff Schedules were reviewed and meet the requirement of this standard. ACC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect offenders against sexual abuse. A copy of the staffing plan for 2018 was provided for review by the auditor. The staffing plan addresses the items listed in section 115.13a. The facility's video monitoring is supported by 300 cameras positioned throughout the facility. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for adult male offenders. Both female and male staffs are assigned to each shift. The Warden confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required post. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation noted.

The unannounced PREA rounds logs and unit logs confirmed that intermediate-level or higher-level supervisors conduct and document such visits throughout the institution. Employees are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Supervisors daily on all shifts.

The review of policies, logs and supporting documentation, as well as staff and offender interviews, confirm the facility's compliance with standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Missouri Department of Corrections Institutional Services Procedural Manual, IS5-3.1 Offender Housing Assignments (MODOC Policy IS5-3.1); Missouri Department of Corrections Institutional Services Procedural Manual, IS5-1.1 Diagnostic Center Reception and Orientation (MODOC Policy IS5-1.1) and MODOC Statutes, Chapter 217, Section 217.345 were reviewed and address the requirements of this standard. ACC does not house youthful offenders.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

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115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS6-1.3 Offender Personal Appearance and Grooming (MODOC Policy IS6-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS20-1.3 Searches (MODOC Policy IS20-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS11-34.1 Health Assessment and/or Physical Examination at Reception (MODOC Policy IS11-34.1); Officer Post Orders and MODOC Lesson Plan on Institutional Searches; Training log of Staff Training were reviewed and address the requirements of this standard. The Agency and facility prohibit cross gender pat searches on female offenders and prohibits all cross gender visual body cavity searches or strip searches. ACC only houses male offenders. Individual shower stalls have appropriate shower curtains or doors and offenders can shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia. Prior to entry into the housing area of offenders, staff of opposite gender must announce their presence. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditor.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed such training. Staff provided the auditor with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Four transgender offenders were interviewed and they stated searches were completed appropriately. .

Based on policies, procedures documentation provided observations of showers, toilet areas and dressing areas and interviews with staff and offenders and the corrective action the facility took during and after the audit, ACC is compliant with Standard 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan for Special Needs; Translation Service Contract, ACC Coordinated Response Plan; PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages were reviewed and address the requirements of this standard. ACC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. ACC provides offenders with materials which are available in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serbo-

Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Offenders who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's allegations. Four offenders identified as having a physical or mental disability confirmed staff provided PREA educational material that they were able to understand. The facility maintains a list of staff who speaks other languages than English. There were no LEP offenders at the facility during the on-site audit.

Based on review of policies and procedures; observation of posters placed in the facility, the extensive multiple language PREA material, availability of resources, staff training and interviews with random sample of staff and offenders, ACC exceeds the requirement of Standard 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D2-2.2 Background Investigations (MODOC Policy D2-2.2); Missouri Department of Corrections Department Procedural Manual, D2-2.8, Promotional Appointment (MODOC Policy D2-2.8); Missouri Department of Corrections Department Procedural Manual, D2-2.10 Re-employment Appointment (MODOC Policy D2-2.10); Missouri Department of Corrections Department Procedural Manual, D2-5.1 Maintenance of Employee Records (MODOC Policy D2-5.1); Missouri Department of Corrections Department Procedural Manual, D2-11.14 Annual Employment Requirement (MODOC Policy D2-11.14); Missouri Department of Corrections Department Procedural Manual, D2-13.1 Volunteers (MODOC Policy D2-11.14); Missouri Department of Corrections Department Procedural Manual, D2-13.2 Student Interns (MODOC Policy D2-13.2); PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment form were reviewed and meet the requirement for this standard.

Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually on the first day of the staff's birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug

rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment on an inmate, detainee, or reside of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty.

Based on review of policies, documentation, forms, employee files; annual background check procedures and interview with Human Resource staff confirm that ACC exceeds the requirement for standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

ACC has not any substantial expansion or modification to their existing facility since the last PREA audit. Missouri Department of Corrections Department Procedural Manual, D4-4.8

Security Camera Operation (MODOC Policy D4-4.8) was reviewed and addresses the requirement of this standard. ACC has added 34 cameras and also upgraded cameras and most of the DVRs in the last three years. The cameras and upgrades were made to assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Missouri Department of Corrections Department Procedural Manual, D1-8.1 Office of Professional Standards (MODOC Policy D1-8.1); Missouri Department of Corrections Department Procedural Manual, D1-8.4 Institutional Investigations (MODOC Policy D1-8.4); Missouri Department of Corrections Department Procedural Manual, D1-8.8 Evidence Collection Accountability and Disposal (MODOC Policy D1-8.8) were reviewed and meet the requirement of this standard. The MODOC OPS PREA Unit is responsible for all criminal and administrative investigations of offender on offender sexual abuse/harassment allegations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE for an offender-on-offender sexual assault and conducted at an outside facility for staff-on-offender sexual assault. The forensic exams are provided at no cost to the victim. The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented. The facility is required to have at least one qualified staff member that has been trained as an advocate. At ACC, the chaplain has received training provided through an agreement with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV). He is available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided

An interview was conducted with an investigator from the OPS PREA Unit who is responsible for responding to incidents of sexual abuse/sexual assault at the facility. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditor. The correspondence noted that the MODOC in accordance with Prison Rape Elimination Act, the Department must requests that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol.

Based on the review of policies, procedures, documentation and interviews with medical and mental health staff, the investigator and staff advocate, ACC is compliant with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and MODOC Policy D1-8.1 and the ACC Coordinated Response Plan were reviewed and meet the requirement of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MODOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions of if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a staff related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment are entered into the COIN (Corrections Information Network) system within the MODOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

Based on the review of policies, procedures, investigative files and interviews with the PREA Manager and OPS investigator, ACC is compliant with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan for Basic PREA Training; MODOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms were reviewed and meet the requirement of this standard. PREA training addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to communicate effectively and professionally with offenders, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years. Additionally, training is provided to staff routinely through annual CORE training, emails and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Both formal and informal interviews with staff indicate that they are well trained in Sexual Assault Prevention and Response and their duties as first responders and the agency's zero tolerance policy on sexual abuse and sexual harassment. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditor team.

Based on a review of policies, procedures, employee training records, tracking program documentation, PREA employee training curriculum, informational card that outlines the first responder requirements and interviews with the Training Coordinator, random staff, specialized staff and management staff and observations and questions answered during the tour confirms ACC meets the requirements of standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13, D2-11.14 and D2-13.2; Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MODOC Lesson Plans Offender Work Release Procedure Training and Volunteers in Corrections Training, Training Acknowledgment Forms signed by Contractors and Volunteers, MODOC Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor were reviewed and address the requirements of this standard. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by written receipt of training received and understanding of such training. Volunteer and contractor training records were reviewed and indicated the training was acknowledged as being received and understood. Interviews with three contract staff and one volunteer confirm they have received and understand PREA training on their responsibilities.

Based on a review of policies, procedures, training curriculum, volunteer and contractor signed training acknowledgements as well as interviews with staff, contractors and volunteers confirm ACC is compliant with Standard 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; PREA Victim/Abuser Protocol; ACC Offender Handbook; Offender Orientation Sign-in Sheets; PREA Posters, Pamphlets and Speaking Up video were reviewed and address the requirements of this standard. ACC ensures all incoming offenders receive PREA information on the day of arrival during the intake process. ACC ensures the intake screening process is conducted within one hour after the offender's arrival. During intake screening, offenders are provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. The following morning they attend an orientation and watch a PREA video. The PREA training is documented for each offender and maintained in the offender's file. Offenders sign acknowledgement forms indicating they received and understand the information. Interviews were conducted with 40 offenders confirmed they received PREA information during intake and attended orientation upon their arrival. Additionally, PREA information is posted in all housing and common areas and is accessible to the offender population which provides offenders with a continuously and readily availability of PREA education resources. Each offender interviewed, reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews.

Based on review of policies, procedures, PREA education material and video in multiple languages and formats for those offenders who are LEP, deaf, visually impaired or limited in their reading skills, the intake and orientation process that ensures all offenders arriving at the

facility receiving PREA information immediately and interviews with intake staff, case managers and offenders confirms that ACC meets the requirement of Standard 115.33.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; MODOC Lesson Plan– Special Investigator Training; and Training Acknowledgement for Investigators were reviewed and meet the requirements of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MODOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the ten OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. An OPS Investigator articulated the training provided to all investigators during the interview process.

Based on review of policies, procedures and training records, and interviews with the OPS investigators, ACC is compliant with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, PREA Specialized Training for Medical and Mental Health curriculum; SANE/SAFE training curriculum were reviewed and meet the requirements of this standard. All staff who provide health care and/or mental health services, have participated in a specialized session entitled PREA for Medical and Mental Health Care. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditor confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse. Select staff has also received specialized 40 hour training on conducting forensic exams.

A review of policies, training lesson plans and records, as well as interviews with the HSA/SANE, medical and mental health staff, confirm the facility's compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-2.3 Offender Internal Classification (MODOC Policy IS5-2.3) and the Adult Internal Risk Assessment (AIRA) Manual and PREA AIRA Screening Form were reviewed and address the requirements of this standard. Policy stated the offender shall be assessed utilizing the AIRA Tool to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the offender's arrival at the facility. Reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. During interviews with Intake Staff and offenders, the initial screening is conducted within the first hour of the offender's arrival. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to

identified authorized staff only. The policy prohibits disciplining offenders for refusing to answer or for not disclosing complete information related to the screening questions.

Based on review of policies, procedures, forms, and observation of the intake screening and assessment process which takes place immediately upon arrival as well as interviews with staff responsible for screening and offenders, ACC exceeds the requirements of Standard 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or

female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policy D1-8.13; MODOC Policy IS5-2.3; MODOC Policy IS5-3.1; Missouri Department of Corrections Institutional Services Procedural Manual, IS18-1.1 Required Activities (MODOC Policy IS18-1.1) and reports from the Transgender Committee meeting were reviewed and address the requirements of this standard. ACC uses information from the risk assessment to make housing and bed assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on the assessment offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). Offenders Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each offender. Alpha and Sigma are not housed in the same unit. Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety is given consideration. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. ACC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. Eight LGBTI offenders were interviewed.

Based on review of policies and procedures; interviews with the Warden, PREA Coordinator and Case Manager, ACC is compliant with Standard 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to Administrative segregation Protective custody for no longer than a 30 day period.

Based on review of policies, procedures, protocol, and interviews with the Warden, Major and staff supervising offenders in segregated housing ACC is compliant with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D1-8.9; Employee Handbook; Offender Handbook; PREA Posters and Brochure; ACC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information was reviewed and address the requirements of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of The Offender Handbook during the intake process which advises them that they can contact any staff member or by calling the Department's confidential hotline to report sexual abuse or harassment internally. The hotline number was tested by the auditor and was found to be working. Additionally, there are posters throughout the facility which also inform the offenders of other reporting options. To report to an external organization, offenders can write the Missouri Department of Public Safety, Crimes Victims' Unit. Reports may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MODOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. ACC does not house offenders solely for civil immigration offenses. Per the Employee Handbook, Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the staff tips hotline. Offenders interviewed indicated they were familiar with the various ways to report sexual abuse or harassment allegations. Interviews with random staff, random offenders and disabled offenders confirmed their knowledge of methods for offenders to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing to outside personnel. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MODOC policy and the PREA standards. An available method to

reporting sexual abuse/harassment allegations by the offenders is accessible to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Based on review of policies, procedures, Employee and Offender Handbooks, brochures and posters and interviews with random sample of staff and offenders ACC is compliant with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate

decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D5-3.2 Offender Grievances (MODOC Policy D5-3.2 were reviewed and address the requirements of this standard. Offenders are informed of the grievance process during orientation. Offenders will not be required to use any informal grievance or complaint process. Offenders will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MODOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The Agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days. There were one grievances filed at ACC in the last 12 months that alleged sexual abuse. The grievance was referred to the PREA investigator and the offender was notified.

Based on review of policies and procedures; interview with the Warden and staff handling offender grievances; random selection of staff and offenders, ACC is compliant with standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers,

including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; PREA advocacy brochure; Offender Handbook and MOU with Missouri Department of Public Safety Brochure were reviewed and address the requirements of this standard. Policies are in place and enforced to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of national victim advocacy or rape crisis organizations.

The facility provides this information in multiple ways to the offenders: during the education process, in the PREA brochure, in the Offender Handbook, and on posters within the facility. Ensuring the alleged victim receives the advocacy brochure is part of the PREA response checklist. The facility enables reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of offenders they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse. The facility informs offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various emails. The agency continues to solicit community rape crisis organizations across the State that are willing to establish a partnership with the agency. In lieu of a local community victim advocate the facility has available a trained and qualified staff member available to provide emotional support services and counseling on and off the facility as needed.

Based on policies and procedures, availability of addresses and phone numbers to national sexual abuse agencies, documented ongoing attempts to seek agreement with local community agencies to provide offenders with a victim advocate, availability of a staff advocate and interviews with the Chaplain/Victim Advocate and offenders, ACC is compliant with Standard 115.53.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, third party reporting posters and the MODOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and address the requirements of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the OPS PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at DOC.PREA@dc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA third party reporting brochures which is provided to offenders and posted throughout the facility. Interviews with staff and offenders confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

Based on review of policies, brochures, posters, MODOC website and interviews with staff and offenders, ACC is compliant with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS11-32 Receiving Screening- Intake center (MODOC Policy IS11-32); Chapter 217 and 630 of the MODOC Revised Statutes and the ACC Coordinated Response Plan were reviewed and address the requirements of this standard. In accordance with policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report offender sexual abuse is a Class A Misdemeanor. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report, and the

limitations of confidentiality, at the initiation of services. According to interviews with the facility medical and mental health staff at the initiation of services to an offender they disclose the limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. ACC does not house any offenders under the age of 18.

Based on review of policies and procedures; interviews with the Warden, PREA Manager, medical and mental health staff and random sample of staff ACC is compliant with standard 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and the Involuntary Segregated Housing for Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and staff are trained to ensure that when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. Per interviews with the Warden and random sample of staff, when learning that an offender is subject to a substantial risk of imminent sexual abuse each case is evaluated by the facility based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; offender at risk or potential predator may be moved to another housing unit or transferred. If no other options are available offenders are placed in temporarily protective custody until other steps can be taken. During the past 12 months there were no times the facility determined that an offender was subject to a substantial risk of imminent sexual abuse.

Based on review of policies, procedures and interviews with the Warden and random sample of staff, ACC is compliant with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 was reviewed and addresses the requirement of this standard. MODOC policy require upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offenders sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager will document the notification made. ACC received one (1) allegation during the past 12 months of a sexual abuse that occurred at another MODOC facility. Per documentation reviewed, the facility notified the head of the facility where the sexual abuse is alleged to have occurred but it was not within the 72 hour timeframe. The Warden issued a directive to staff to ensure that the notification is made timely per policy. In the past 12 months, there were no allegations of sexual abuse that occurred at ACC received from other facilities.

Based on review of policies, documentation and interviews with the PREA Manager and Warden, ACC is compliant with Standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan on Coordinated Response; and ACC Coordinated Response Protocol were reviewed and addresses the requirement of this

standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were seven allegations of sexual abuse received at ACC. None of the allegation reported in the past 12 months were within a time frame that allowed for collection of physical evidence. A random selection of staff interviewed confirmed they are trained and could respond as a 1st responder if necessary. Policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Of the 7 allegations reported, the number times a security staff member was able to perform first responder duty was zero (0) and the number of times a non-security staff was able to perform first responder duty was zero (0). The agency and the facility have further emphasized first responder duties by distributing pocket cards on sexual assault/harassment to include steps to take if a sexual assault occurs.

Based on a review of policies; procedures, training and interviews with Warden random sample of staff and informational pocket card that includes information about PREA and steps to take if a sexual abuse occurs, ACC is compliant with standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; ACC Coordinated Response Protocol; PREA Allegation Notification Checklist and MODOC Lesson Plan for First Responders were reviewed and address the requirements of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, medical, mental health and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each is aware of their specific responsibilities under this plan.

Based on review of the policy, ACC Coordinated Response Protocol and interviews with the facility Warden and random staff confirms ACC meets the requirements of Standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D2-11.6 Labor Organizations and the Labor Agreement with the State of Missouri and the Missouri Correctional Officer Association were reviewed and address the requirements of this standard. Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or

offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy MODOC D1-8.13 and the MODOC PREA Assessment/Retaliation Status Checklist were reviewed and address the requirements of this standard. One offender reported an allegation of sexual harassment and was placed on retaliation monitoring since the last PREA audit in August 2015. An interview with the Warden and Functional Unit Manager (FUM) assigned to monitor offender retaliation confirmed awareness of policy and monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or offender would be conducted initially and every 30 days up to 90 days and longer if necessary. These meetings are documented. The policies and checklist provides multiple protective measures to ensure the safety of the offender that includes housing changes or transfers for the victim or abuser,

removal of the alleged staff member or offender abuser from contract with the alleged victim, and emotional support services for offenders or staff who fear retaliation. Staff monitors an offender's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff.

Based on the review of policies, procedures completed monitoring checklists and interviews with the Warden and FUM, ACC is compliant with standard 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to Administrative segregation Protective custody for no longer than a 30 day period.

ACC has placed two offenders who made allegations of sexual abuse in involuntary segregated housing in the past twelve months. The facility did not conduct the proper follow up documentation in conjunction with provision of standard 115.43(b). The Warden issued and initiated a directive and protocol to ensure compliance.

Based on review of policies, procedures, protocol, Directive from the Warden and interviews with the Warden, and staff supervising offenders in segregated housing ACC is compliant with Standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No

- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.1; D1-8.13, Investigator training records and Investigative Files were reviewed and address the requirements of this standard. The MODOC ensures all allegations of sexual abuse or sexual harassment are investigated. The OPS PREA Unit is responsible for all criminal and administrative investigations of offender on offender sexual abuse/harassment allegations and all administrative investigations of staff on offender sexual abuse/harassment allegations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed.

Investigations of allegations of sexual abuse and sexual harassment, are done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; the credibility of an alleged victim, suspect, or witness are assessed on an individual basis and shall not be determined by the person's status as offender or staff; the Agency does not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; substantiated allegations of conduct that appears to be criminal are referred for prosecution; when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interview only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator interviewed reported they investigate immediately and they judge the credibility of an alleged victim, suspect, or witness based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigator reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were no substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since the last PREA audit.

MODOC uses investigators: who have received special training in sexual abuse investigations pursuant to Standard 115.34; gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator; and departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation

The Investigative file contains copies of all the witness statements, documents, reports and other evidence. Policies are in place to ensure investigations: 1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) are documented in written reports that include a description of the physical and testimonial evidence, the

reasoning behind credibility assessments, and investigative facts and findings. Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The agency retains all written reports referenced above for 90 years. In the past twelve months, ACC reported ten allegations of sexual abuse/harassment were received and all resulted in a PREA investigation. There were no substantiated allegations that appeared to be criminal that were referred for prosecution.

Based on review of policies, procedures, training records and lesson plans, investigative files and interviews with Warden, PREA Manager and OPS Investigator, ACC is compliant with Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In accordance with MODOC Policy D1-8.13 and interview with the OPS Investigator, the OPS Investigative Unit does not impose a standard greater than the preponderance of evidence.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☐ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; closed Investigation files and the offender notification form were reviewed and meet the requirements of this standard. The OPS PREA Unit has a process in place to notify the offender upon close out of the investigation as to whether the allegation was determined to be finding of substantiated, unsubstantiated, or unfounded. All notifications are in writing, documented and signed by the offender. In the event that the investigation was conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. There have been four (4) sexual abuse investigations completed in the last 12 months and in each of these cases the offenders were notified in writing of the results.

Based on review of policy, procedures, investigative files and interviews with Warden and OPS Investigator ACC is compliant with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D2-11.10 Staff Conduct were reviewed and meet the requirement of this standard. The Policies address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MODOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. ACC has had one (1) incident of employee resignation for issues of sexual abuse or sexual harassment in the past twelve months. Staff interviews revealed an awareness of the Agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment.

Based on review of policies, forms and files; interviews with PREA Coordinator and Warden, ACC is compliant with Standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D2-13.1 were reviewed and meet the requirements of this standard. MODOC has a zero tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one volunteer and two contractors, all were aware of the policies as outlined. ACC reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of an offender since the past twelve months.

Based on review of policies, procedures, training curriculum and interviews with Warden, volunteer and contractors, ACC is in compliance with Standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policies D1-8.13 and IS19-1.1 were reviewed and meet the requirements of this standard. The policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the act of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be unfounded, will not receive discipline for making the report. In the past twelve months, ACC has had no substantiated incidents of offenders on offender sexual abuse. ACC offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Based on review of policies and procedures and interviews with the Warden, Major, Medical and Mental Health staff confirms ACC is compliant with Standard 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure

that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13; IS11-32 and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place to offer all offenders that disclosed any prior sexual victimization or previously perpetrated sexual abuse a follow-up meeting with a medical or mental health staff within 14 days of intake. In the past 12 months, 100% of the inmates who disclosed prior victimization were offered a follow-up meeting with medical or mental health care staff. Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary material documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. The auditor reviewed offender files in medical and mental health and found documentation of all meetings per policy. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Informed consent is obtained before reporting information about prior sexual victimization that did not occur in an institutional setting. ACC does not house any offenders under the age of 18.

Based on review of policies, procedures, forms and files and interviews with the HSA and medical and mental health staff, ACC is compliant with Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, ACC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and address the requirement of this standard. . Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their

professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

During the last 12 months there were 7 allegations of offenders that were victims of sexual abuse. Referrals to Mental Health were not made in all cases. The Warden issued a Directive to ensure Mental Health is notified and documented. The auditor reviewed closed investigative file and offender files in medical and mental health and found documentation per policy. Interviews with security and non-security staff found they carry a card with instructions on being a first responder and are very prepared to act as a first responder if required. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on review of policies, procedures, forms and files and interviews with the Warden, HSA, security staff and medical and mental health staff, ACC is compliant with Standard 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; ACC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place and enforced to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This is an all-male facility and services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical and mental health services offered at the facility are consistent with community level of care. Offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Policies are in place and enforced to ensure the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Based on review of policies, procedures, forms and files and interviews with the HAS, medical and mental health staff confirms ACC is compliant with Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for

improvement and submit such report to the facility head and PREA compliance manager?

☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and completed PREA Sexual Abuse Debriefing reports were reviewed and meet the requirement of this standard. MODOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. Interview with the Warden indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. There were three (3) sexual abuse allegation investigations completed in the past 12 months that required an Incident Review. A form has been developed to capture the review and any recommendations of the review team and includes documentation as to reasons for not enforcing the recommendations.

Based on review of policies, procedures, Incident review reports and interviews with Warden and Incident Review Team Members, ACC is compliant with Standard 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy Directive D1-8.13; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, were reviewed and meet the requirements of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the COIN system. The ACC does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility's current year's data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year's data, corrective actions and an assessment of the department's progress in addressing offender sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MODOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency's website.

Based on the interviews with the Warden, PREA Manager and review of the Annual Reports and Surveys of Sexual Victimization, ACC is compliant with Standard 115.87.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer or designee PREA Manager or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Manager indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MODOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Based on review of policies, procedures, agency website and annual reports, as well as interviews with the Warden and PREA Manager, ACC is compliant with Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; PREA Annual Report and the Agency's PREA Website were reviewed and meet the requirement of this standard. MODOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MODOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MODOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the Agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

Based on review of policies, procedures, agency website, the Annual Report and interview with the PREA Manager, ACC is compliant with Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditor was given access to and an opportunity to tour and visit all areas of the facility. The auditor was given access to tour the full facility. The auditor was provided with offices that ensured privacy in conducting interviews with offenders and staff during the site visit. Notice of PREA audit was posted on May 3, 2018. Interview with random offenders stated they have seen posting. No offenders contacted the auditor prior to or after the audit. MODOC meets the

requirement of this standard. While the auditor was tour the facility several offenders approached the auditor and asked questions. MODOC meets the requirement of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MODOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MODOC is composed of 22 Adult Institutions, 7 Community Supervision Centers, and 1 Transition Center. A review of the website found the Final PREA Audit Reports for 42 of MODOC facilities between the years of 2014 – 2018. There were 3 facilities audited in 2018, 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was May 29, 2018, well within the 90-day requirement. MODOC meets the requirement of this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.

- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

David Andraska

July 10, 2018

Auditor Signature

Date

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report November 20, 2017

Auditor Information

| | |
|---|--|
| Name: Elisabeth M. Copeland | Email: Elisabeth.Copeland.ks.gov |
| Company Name: Kansas Department of Corrections | |
| Mailing Address: 714 SW Jackson, Suite 300 | City, State, Zip: Topeka, KS 66603 |
| Telephone: 785-291-3074 | Date of Facility Visit: September 14 – 15, 2017 |

Agency Information

| | | | |
|--|-----------------------------------|--|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Missouri Department of Corrections | | State of Missouri | |
| Physical Address: 2729 Plaza Drive, P.O. Box 236 | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: same as above | | City, State, Zip: same as above | |
| Telephone: 573-526-6607 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. | | | |
| Agency Website with PREA Information: https://doc.mo.gov/OD/PREA.php | | | |

Agency Chief Executive Officer

| | |
|--|--------------------------------|
| Name: Anne Precythe | Title: Director |
| Email: Anne.Precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | |
|--------------------------|--------------------------------|
| Name: Vevia Sturm | Title: PREA Coordinator |
|--------------------------|--------------------------------|

| | | | |
|---|-----------------------------------|---|---|
| Email: Vevia.Sturm@doc.mo.gov | | Telephone: 573-522-3335 | |
| PREA Coordinator Reports to: Matt Briesacher, Director of Office of Professional Standards | | Number of Compliance Managers who report to the PREA Coordinator 0 | |
| Facility Information | | | |
| Name of Facility: Cremer Therapeutic Community Center | | | |
| Physical Address: 689 Route O, Fulton, MO 65251 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: 573-592-4013 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: To provide an alternative residential treatment facility offering short-term treatment, diverting offenders from the traditional prison setting. The treatment program will address offender needs in preparation for re-entry into society. | | | |
| Facility Website with PREA Information: https://doc.mo.gov/OD/PREA.php | | | |
| Warden/Superintendent | | | |
| Name: Kim Crouch | | Title: Warden | |
| Email: Kimberly.Crouch@doc.mo.gov | | Telephone: 573-592-4013 | |
| Facility PREA Compliance Manager | | | |
| Name: Scott Weber | | Title: Assistant Warden | |
| Email: Scott.Weber@doc.mo.gov | | Telephone: 573-592-4013 | |
| Facility Health Service Administrator | | | |
| Name: DeShaun Wings | | Title: Health Services Administrator | |
| Email: DeShaun.Wings@doc.mo.gov | | Telephone: 573-642-0061 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 180 | | Current Population of Facility: 150 | |
| Number of inmates admitted to facility during the past 12 months | | | 755 |

| | | | | |
|--|-------------------------------------|--|----------------------------------|--|
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 689 | |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 716 | |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 | |
| Age Range of Population: | Youthful Inmates Under 18: 0 | Adults: 18-80 | | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 0 | |
| Average length of stay or time under supervision: | | | 84 days | |
| Facility security level/inmate custody levels: | | | Low/Minimum | |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 91 | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 23 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 11 | |
| Physical Plant | | | | |
| Number of Buildings: 1 | | Number of Single Cell Housing Units: 0 | | |
| Number of Multiple Occupancy Cell Housing Units: | | 0 | | |
| Number of Open Bay/Dorm Housing Units: | | 6 | | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 2 | | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Cremer Therapeutic Community Center (CTCC) currently has 84 cameras installed throughout the facility. Of these 84 cameras, 30 were added since their last PREA compliance audit that occurred in 2015. Retention of video footage on the DVR is approximately 30 days. The recorder is located in the control center in a locked cabinet (no "control room"). Maintenance staff and the chief of custody are the only staff authorized to get into the cabinet without authorization of the warden/duty officer. | | | | |
| Medical | | | | |
| Type of Medical Facility: | | Nursing staff are available 17 hours per day. (This facility must house M1 or M2 offenders to have 24 hour coverage) | | |
| Forensic sexual assault medical exams are conducted at: | | University of Missouri Hospital, 1000 Hospital Drive, Columbia, MO 65201 | | |
| Other | | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | | | 120 (most of the contractors are | |

| | |
|---|---|
| | due to a large HVAC project occurring at the facility.) |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 10 |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Cremer Therapeutic Community Center (CTCC) on July 31 2017 via the Site Coordinator, Scott Weber, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on September 14 -15, 2017. At this time, this auditor requested that the pre-audit questionnaire (PAQ) be sent no later than August 28, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of California, Kansas, Missouri, Indiana and Louisiana.

On August 23, 2017, this auditor received a flash drive containing CTCC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On September 7, 2017, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

The auditor did not receive any letters from inmates or staff requesting to speak to the auditing team.

ONSITE

The auditing team spent two days onsite: September 14 -15, 2017

The auditing team consisted of the lead auditor, Elisabeth Copeland, Certified DOJ Auditor, and one support staff, Peggy Steimel, a member of the Kansas PREA team. CTCC Warden Kim Crouch, Deputy Warden (Site Coordinator) Scott Weber, as well as other Executive Team members greeted the team. MDOC's Assistant PREA Coordinator, Adam Albach, was also in attendance. After the initial meeting, a detailed tour was provided to the auditing team.

Site Coordinator Scott Weber lead the onsite tour. Assistant PREA Coordinator Adam Albach also participated in the tour. The auditing team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected from each shift, as well as established times to interview specialized staff. A total of 29 staff were interviewed to include the Warden, Mental Health Staff, Human Resources staff, Chief of Custody, Intake Staff, Investigators as well as random staff from all shifts.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing roster, the auditor randomly selected inmates from each wing for 17 random inmates were selected to be interviewed. In addition to this number, four targeted inmate interviews were conducted for a total of 21 inmates interviewed at CTCC.

CTCC provided confidential locations for the auditing team to interview inmates and staff.

CTCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at CTCC was extremely helpful and polite throughout the entire process.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Peggy Steimel. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

CTCC administration believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of CTCC leadership during the tour as well as the knowledge the staff demonstrated of PREA. CTCC leadership was quick to respond to any issues the auditing team on cross-gender viewing. Barriers were installed in areas the auditing team identified before the team left the facility. They were very open with the auditing team and wanted our input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with random inmates included being able explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education upon intake. While some stated they could not remember the PREA video in its entirety, they did remember

viewing it. All inmates reported they knew that an opposite gender staff announcement was made at the beginning of each shift and when female staff entered the living unit of the wing.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual.

On November 20, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of CTCC, as well as, the statewide PREA coordinator.

CTCC met all PREA standards and was determined to have exceeded four of them.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Cremer Therapeutic Community Center (CTCC) is located in Fulton Missouri. CTCC is a short-term substance abuse treatment facility. All offenders are participating in a modified Therapeutic Community (TC) program structure in addition to receiving group therapy, individual counseling and informational sessions designed to assist them in living drug and alcohol free.

CTCC is one building consisting of four floors. CTCC consists of six dorm-style housing wings, a gym, dining areas, program rooms, medical, two segregation cells and a visitation area.

The current population at CTCC is 150 adult male offenders with a maximum capacity of 180 offenders. Currently one wing is closed for a HVAC project. Once this project is completed, it is anticipated that CTCC's population will reach maximum capacity. During the past 12 months, 755 offenders have been admitted to this facility. Of this number, 689 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 18 - 80 with custody levels being low/minimum custody. The average length of stay at CTCC is 84 days. CTCC does not house youthful offenders.

CTCC has 91 employees who have contact with the offender population. This staff is responsible for the security of all areas of CTCC. In addition to its 91 employees, CTCC also has 120 volunteers and individual contractors currently authorized to enter the facility. This large number of volunteers and contractors is mostly due to the large HVAC project that is currently underway. There are 10 investigators across the State of Missouri assigned the PREA Investigation Unit under the Office of Professional Standards.

CTCC is located within a secure perimeter and just down the road from Fulton Reception and Diagnostic Center (FRDC). The facility has the official capacity to house 180 offenders.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 4

The following are a list of standards exceeded by CTCC: 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator, 115.16 Inmates with disabilities and inmates who are limited English proficient; 115.41 Screening for risk of victimization and abusiveness; and 115.42 Use of screening information.

Number of Standards Met: 41

The following are a list of standards that were met by CTCC: 115.12 Contracting with other entities for the confinement of inmates; 115.13 Supervision and Monitoring; 115.14 Youthful Inmates; 115.15 Limits to cross-gender viewing and searches; 115.17 Hiring and promotion decisions; 115.18 Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22 Policies to ensure referrals of allegations for investigations; 115.31 Employee training; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34 Specialize training: Investigations; 115.35 Specialized Training: Medical and mental health care; 115.43 Protective Custody; 115.51 Inmate reporting; 115.52 Exhaustion of administrative remedies; 115.53 Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62 Agency Protection Duties; 115.63 Reporting to other confinement facilities; 115.64 Staff first responder duties; 115.65 Coordinated response; 115.66 Preservation of ability to protect inmates from contact with abusers; 115.67 Agency protection against retaliation; 115.68 Post-allegation protective custody; 115.71 Criminal and administrative agency investigations; 115.72 Corrective actions for contractors and volunteers; 115.78 Disciplinary sanctions for inmates; 115.81 Medical and mental health screenings; history of sexual abuse; 115.82 Access to emergency medical and mental health services; 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers; 115.86 Sexual abuse incident reviews; 115.87 Data collection; 115.88 Data review for corrective action; 115.89 Data storage, publication, and destruction; 115.401 Frequency and scope of audits; and 115.403 Audit contents and findings.

Number of Standards Not Met: 0

There were zero standards not met by CTCC.

Summary of Corrective Action (if any)

No corrective action for CTCC at this time.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) CTCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A) (2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy, the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender –on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment. All definitions are in accordance with the national standards.

CTCC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A) (2), page 5: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (A) (8) page 6 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considers major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

Through the tour of the facility, the auditor noticed signage clearly posted in every living unit, recreation areas, dining halls and entrance to the facility that states sexual abuse is not tolerated at CTCC. Signage also includes ways offenders and families could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. This position is required per policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (A), (4), page 5. The position of the PREA Coordinator is listed in the MDOC's organizational chart and reports to the Director of office of Professional Standards.

NOTE: D1-8.1 Office of Professional Standards, effective July 1, 2017, Section III (E) (3) (a), pages 8 – 9, states, "Prison Rape Elimination Act (PREA) Unit: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee, shall ensure the allegation is forwarded to the PREA Unit within 2 business days of receipt."

This unit is supervised by the PREA Coordinator and has its own investigators. This allows the PRE Coordinator to be more involved in the PREA process statewide and to ensure proper implementation of the National PREA Standards.

115.11(c) In addition, CTCC has also designated the Assistant Warden as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of CTCC. This position is required per policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (A) (6), page 6. This same policy also defines a PREA Site Coordinator as "A facility employee at the level of deputy warden or associate superintendent or higher; who is responsible for ensuring compliance of the PREA standards at his assigned facility. CTCC's SOP to D1-8.13, states, "CTCC does not have a deputy warden assigned, rather an assistant warden."

NOTE: It was discovered during random staff interviews that the Site Coordinator conducts random "table top trainings" with staff. During these trainings, staff are provided with PREA scenarios and are asked, "What would you do?" Staff shared with the auditor many positive statements regarding this type of training. One staff member reported, "They are great. It helps keep my skills up as we hardly ever have PREA concerns here."

The Site Coordinator feels he has sufficient time to ensure that CTCC maintains compliance with the PREA Standards. In addition, the Site Coordinator also has the authority to address any compliance issues that arise.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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115.12(a) N/A CTCC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A CTCCC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be noted that CTCC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates. The MDOC requires any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III A (10), page 6, states, "All community confinement facilities will adopt and comply with PREA standards as outlined in their contract with the department. The CAO or designee will regularly audit community confinement facilities to ensure compliance with the PREA standards. The department may enter into an entity that fails to comply with the PREA standards only in emergency circumstances. In such cases, the department will document its unsuccessful attempts to find an entity in compliance with the PREA standards."

CTCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, “The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor’s employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor’s employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor’s employee or agent to criminal prosecution. Any contractor, contractor’s employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution.”

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

CTCC provided examples of PREA audits that have been conducted at MDOC’s contracted placements (Center for Women in Transition –Schirmer House, Heartland Center for Behavior Change, Metropolitan Employment and Rehabilitation Services (MERS), and Reality House Programs, Inc.) during the first audit cycle.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility’s staffing plan takes into consideration any findings of

inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (11) (12), page 6 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ratio of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and

other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to the staffing plan the warden states, "Staffing is our most valuable resource and it undergoes a yearly review. Central Office determines our numbers and we work within that parameter."

The Site Coordinator states, "With staffing ratios being set by Central Office, it is the guideline that we, at the facility level, have to go by."

The Warden and the Site Coordinator both expressed concerns that staffing was being based of 2009 numbers.

RECOMMENDATION: The Division of Adult Institutions should update their statewide staffing analysis to reflect the current organizational culture in Missouri. Staffing is affected by numerous factors including classification systems, division of labor among facilities, methods of operation, service delivery, inmate programs and activities, budget process and current budgets for each facility, the status of facility physical plants, and policies and procedures relatives to personnel, security, and security staffing. All of these factors have undergone changes since 2009.

115.13(b) N/A CTCC has had no circumstances where there were deviations from the staffing plan.

The Warden and the Site Coordinator both stated that while there they have been deviations to CTCC's staffing plan, documentation is required if deviations were to occur. The plan is reviewed annually in the month of December.

115.13(c) CTCC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with CTCC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regards to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed the facility's 2016 and 2015 Camera Evaluation and Staffing Evaluation meeting minutes. These minutes covered the evaluation of camera and monitoring systems. They outlined the needs of CTCC when it comes to camera coverage and PREA. The Staffing Evaluation minutes discussed deficiencies and ways to improve offender safety.

Auditor reviewed CTCC's calendar year 2015 annual report. This report incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. The next report will be completed by December 2017.

RECOMMENDATION: Be sure to include information on the composition of the offender population at CTCC as well as any programs that may be happening on each shift. This information will also help identify gaps in your staffing plan, as well as strengthen your requests for additional staff.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III A (13) page 6, states, “Each institution will ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility will ensure that rounds occur periodically in all areas of the facility. Staff member will be prohibited from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during the audits as outlined in the facility’s standard operating procedure.”

Policy IS20-1.1 Post Orders, Section III (B)(4), pages 2-3, of this same policy states, “The chief administrative officer (CAO) of each institution shall: ensure post order of supervisory custody staff member includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form; ***SOP: Due to being one housing unit, CTCC does not use the staff member sign-in form, shift supervisors will record their unannounced rounds on their security inspection form. Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility, establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds. ***SOP: Each week, the shift supervisors will submit their security inspection form to the chief of custody, which will include their unannounced supervisor rounds. Ensure all staff member post order include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility.”

Post Order PO-02, Chief of Custody, (19) page 2, states “Conduct security inspections as indicated by the Chief of Custody/Shift Supervisor Inspection Schedule. Record the inspection results on the Shift Supervisor Weekly Institutional Inspection Worksheet and submit it to the chief of custody by the end of the assigned week. Items to check are the fire hazards, cleanliness, safety/security issues, etc. Conduct impromptu supervisory rounds to ensure offender safety. Record these rounds (area, date, time) on the Shift-Supervisor Weekly Institutional Inspection Worksheet in the PREA Rounds section of the form. The facility prohibits staff from alerting other staff when supervisory rounds are being conducted.”

CTCC provided six security inspection forms in their pre-audit documentation that demonstrated unannounced rounds by supervisors. These summaries covered the following shifts and dates: November 17, 2016 (2nd shift), November 20, 2016 (3rd shift), November 30, 2016 (1st shift), April 26, 2017 (1st shift), April 13, 2017 (2nd shift) and April 16, 2017 (1st shift).

While onsite the audit requested security inspection forms for the following dates and shifts; August 3, 2017 (1st shift), August 19, 2017 (2nd shift) and August 20, 2017 (1st shift). Each of these inspection forms had documentation demonstrating that unannounced rounds by supervisors had occurred.

Three upper level CTCC supervisors were interviewed. All indicated that security inspections are done per CTCC SOP. One supervisor stated, “A checklist is completed and it includes our PREA checks. We do them every shift.”

When asked about the consequences for staff alerting other staff that supervisors were making rounds both stated that this behavior was unacceptable. One supervisor stated, “The first time it happens I would do an informative log note. I would also refer them back to their post orders, specifically that

alerting other staff is not allowed.” Another supervisor reported, “I would confront them immediately and remind them of our policy and SOP.”

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units, does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units, does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC does not house youthful inmates. D SOP 1-8.13, Offender Sexual Abuse and Harassment, Section III (C) (4), page 10, states this fact.

While CTCC does not house youthful inmates, its parent agency, MDOC does. The following information is how MDOC complies with 115.14.

115.14(a) (b) Policy D1-8.13, Offender Sexual Abuse and Harassment, defines a youthful offenders as, "An offender under the age of 18 that has been adjudicated as an adult by the courts and sentenced to the department." This policy also states in Section III C4, page 10, "A youthful offender will not be placed in a housing unit in which he will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Staff members will avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members will provide direct supervision. Staff members will provide direct supervision when youth and offenders may have unavoidable contact. General population youthful offenders will be housed separate from offenders 18 years and older in accordance with the institution's standard operating procedure for the offender housing assignments."

IS5-3.1, Offender Housing Assignments, Section III, (A)(2)(f), page 2, states "Youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made."

Missouri law also requires this: Chapter 217, Department of Corrections, Section 217.345 (2) (3), dated August 28, 2016 states, "Correctional treatment programs for offenders who are younger than eighteen years of age shall be established, subject to the control and supervision of the director. By January 1, 1998, such programs shall include physical separation of offenders who are younger than eighteen years of age from offenders who are eighteen years of age or older. The department shall have the authority to promulgate rules pursuant to subsection 2 of section 2.17.378* to establish correctional treatment programs for offenders under the age of eighteen. Such rules may include: Establishing separate housing units for such offenders and providing housing and program space in existing housing units for such offenders that is not accessible to adult offenders."

115.14(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, "Youthful offenders who are placed in segregated housing, assigned to disciplinary segregation, or to the infirmary will only be housed with another youthful offender or in a single cell in accordance with the institutional services procedure regarding administrative segregation confinement. To the extent possible, youthful offenders will have access to work, programs, and/or activities in accordance with department and institutional services procedures."

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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115.15(a) CTCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (E) (1), page 12 states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches will be documented as outlined in the department, institutional services and probation and parole procedures regarding searches."

Policy IS SOP 20-1.3, "Searches", Section III C (2) (d) (1) page 7, states, "Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons."

In the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A CTCC is a male only facility.

116.15(c) Policy IS SOP 20-1.3, "Searches," Section II C (2) (A) (1), page 7 also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deemed appropriate."

In the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity search.

115.15(d)

Policy D1-8.13, "Offender Sexual Abuse and Harassment", Section III E (2) page 12 -1 3 states, "Offenders will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with divisional and institutional services procedures and community supervision and community release centers procedures regarding searches. Offenders will be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with department, institutional services, and probation and parole procedures regarding searches. Staff members of the opposite gender will announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement will be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement will be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it will be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances will be documented by the shift supervisor in the chronological log. To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member will verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia. "

Auditor reviewed memo dated July 15, 2013 addressed to all wardens from Dave Dormire, Director of Division of Adult Institutions, regarding "PREA Privacy Barriers." The memo states, "During the May 2013 DAI Staff meeting, discussion occurred on installing privacy barriers/screens in order to comply with PREA standards. I appreciate your review and analysis of this matter. Be advised that you should move forward with installing privacy screens/barriers and have them installed by August 18, 2013. If you do not have sufficient institutional funds to install permanent privacy screens/barriers, you may install temporary privacy screens/barriers. It is my intent to request a new decision item to cover costs associated with PREA implementation, which could include cost to install permanent privacy screens/barriers. Thank you."

Auditor also reviewed a CTCC memo dated November 14, 2013 by then warden, Cindy Steuber, regarding “no nudity in assigned rooms. This memo states, “Effective immediately, any clothing changes by an offender that will result in the offender being totally nude is only allowed in the shower room. Offender may change their clothes in their assigned rooms only if boxers are not being changed. Staff; please add to Offender Handbooks, on Page 14, as they are being issued: **Housing Unit Rule 2.20 Offenders are not allowed to be nude in their assigned rooms. Any clothing changes resulting in total nudity (removing of boxer shorts) must be completed in the shower room.**”

CTCC has had no exigent circumstance that have prevented cross-gender announcements in the past 12 months.

CTCC provided logs of cross-gender announcements in their pre-audit documentation. Those logs covered the following dates and shifts: June 7c, 2017 (1st shift), June 10, 2017 (2nd and 3rd shifts), June 18, 2017 (3rd shift), June 28, 2017 (1st shift), and June 30, 2017 (2nd shift). Pre-audit documentation also included wing announcement logs from 1W from April 6 – 12, 2017 and May 4 – 11, 2017.

NOTE: It was learned on the tour of CTCC that each wing has a log that hangs outside the entranceway to the living area. In addition to making the cross-gender announcements, female staff are to log each time they enter the wing.

While onsite, the auditor requested to see one month of wing logs for the month of August 2017 for wings 1E and 2E. Upon review of this documentation, the auditor located multiple entries covering each day and each shift for the month of November.

Seventeen random inmates were selected to be interviewed using the random inmate interview protocol. Every inmate interviewed stated that they were never in front of staff and stated female staff announce their presence before entering their living areas.

One inmate did express concern about the lack of privacy in their rooms. He stated, “We have no privacy in our rooms. You have to go to the shower or restroom to change clothes.” (It should be noted that this practice is the policy of CTCC.) Every inmate interviewed also stated staff do not enter the shower area and if they do, they knock and announce they are coming in.

Twelve random staff were selected to be interviewed using the random staff interview protocol. Every staff person interviewed echoed the reports the auditing team received from the inmates. Staff reported that inmates were never naked in front of staff and they had privacy to shower and use the restroom. The reported that female staff must announce their presence before entering the living area in the wings and must document that announcement on the clipboard hanging on the wall.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate’s genital status. The policy D1-8.13, Offender Sexual Abuse and Harassment, Section III, (E) (3), page 13 states, “Staff members will not perform strip or pat-down searches or conduct physical examination for the sole purpose of determining an offender’s genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center.”

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, “The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the

offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently CTCC has zero transgender or intersex inmates housed at the facility.

Staff interviewed stated that no inmate would be searched to determine their genital status. All 100% of staff interviewed stated this was in policy.

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in D1-8.13 Offender Sexual Abuse and Harassment, Section E (4) page 13. This policy states, "Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs."

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated October 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, "As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility." At this point of the lesson plan, participants watch two training videos: "Thorough Female on Male" (7:40 minutes) and "Thorough Male on Female" (7:58 minutes).

Transcript for the Thorough Female on Male Pat Searches can be found on pages 16-17; the lesson plan reads, "Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender's hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search, you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender, you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirtsleeve. Upon reaching the end of the sleeve, use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender's waist. From the armpit, use the back of your hand and search down the offender's side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender's waistband until the fingers come to rest in the center of the back just above the waistband."

Auditor also reviewed the Divisional Searches Manual distributed by the Missouri Department of Corrections Training Academy to all new staff. This manual includes diagrams and step-by-step instructions on how to conduct proper pat searches. This manual is dated October 2014.

Of the twelve random staff member interviewed, only one did not conduct pat searches. The remaining 11 stated they were trained to conduct cross-gender pat searches and pat searches on transgender inmates during their Basic Training and, again, through their CORE training. (NOTE: Core training is a series of annual trainings that every staff member must attend.)

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6 page 10 states, "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders,. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

Policy D5-5.1, Deaf and Hard of Hearing Offenders, Section III (G) (1), page 6 states, "Qualified interpreters shall be made available for offenders who are hard of hearing and use sign language under the following qualifying circumstances...formal investigations conducted by department staff to include PREA related claims."

D5-5.2 Disabled Offenders, Section III D (a, page 5, states, "The identification process will be an interactive process which will include staff observations, offender reports, and/or medical assessment of an offender's disability. All newly received offenders will be screened at the reception and diagnostic centers by reception and orientation staff during the diagnostic evaluation process. If an offender appears to have or claims to have a disability, he will be provided with the Notice of Rights for Offenders with Disabilities (Attachment B).

CTCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Auditor reviewed the following contracts for sign language interpreters and verbal language interpreters:

- Sign Language Interpretation Services -- April 1, 2016- March 31, 2018
- Verbal Language Interpretation Services – July 1, 2015 – June 30, 2018

PREA posters were located throughout the facility in English and Spanish.

Currently CTCC has two staff members who have consented to act as an interpreter if needed one staff member for Arabic one staff member for Pashto/Dari "Farsi."

Currently, one inmate at CTCC is limited English proficient. An interpreter was onsite for the auditing team to utilize when interviewing this inmate. Spanish is his first language. He confirmed that he received PREA education in Spanish and that an interpreter is with him while participates in programming.

CTCC also had one inmate who was identified as some who is hearing impaired. In talking with this inmate, he did not require an interpreter and was able to communicate effectively with the auditing team.

NOTE: It should also be noted that as part of all institutional basic training, staff receive a two-hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, "The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III G (2 page 15 states, "Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation."

In regards to conducting the risk assessment tool this same policy sates in Section III C (1) (e) page 9, states, "Offender interpreters or offender readers will not be utilized."

Staff interviewed reported that inmate interpreters were never used for a PREA allegation. They were aware that an interpreter is available and would be used. One staff member reported, "Sometimes offenders will report things for other offenders."

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community

facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or, has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse.”

A blank copy of the application for employment for CTCC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

CTCC provided pre-audit documentation of background checks done on six hires and vendors who will have contact with offenders.

While onsite, the auditor reviewed three employee files and found background checks completed on all three employees.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (2) page 7 further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The HR Administrator advised when asked about considering any incidents of sexual harassment when hiring or promoting staff stated, “Yes, we do. We also have them complete a reference check.”

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are cited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The HR Administrator advised, “Yes, we go through MULES for new hires and for promotions. Corizon does their own checks on contracted staff.”

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

CTCC provided four examples of background checks done on contractors with their pre-audit documentation.

While onsite, the auditor review three files of contractors and found three verifications of background checks being conducted.

The HR Administrator advised, “Yes, we go through MULES for new hires and for promotions. Corizon does their own checks on contracted staff.”

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

Policy D2-2.2 Background Investigations reads, “A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments.”

CTCC provided five examples of annual background checks being completed on employees in the pre-audit documentation.

While onsite, the auditor requested to see annual background checks being conducted on all employees with the birth month of June. The auditor was provided a log sheet of ten employees born in June and the corresponding annual background check with MULES for the month of June 2017.

The HR Administrator stated, "We do yearly background checks on current employees through MULES. Central Office is responsible for those checks."

115.17(f) The auditor also reviewed the employee handbook. On page 18, "Employee Conduct – Reporting Criminal Misconduct (Arrest)" states, "Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation."

On page 45 of the employee handbook, "Employee Discipline," it states, "Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending."

HR Administrator reported that all employees have a duty to report. She adds, "Failure to report will result in termination."

115.17(g)

Policy D2-2.2 Background Investigations, Section III A (5) (a) page 3 states, "Falsification of any employment application may be grounds for disciplinary action in accordance with the department procedure regarding discipline and/or disqualification for consideration of the position. False information regarding substantiated allegation of offender or resident abuse and/or harassment on employment applications shall be grounds for termination."

115.17(h) Policy D2-5.1 "Maintenance of Employee Records", page 7, Section (III)(K)(3) states, "A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources."

HR Administrator stated, "We refer them to Central Office for PREA checks on former employees."

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A CTCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. CTCC last PREA audit was January 2015.

NOTE: CTCC is currently operating at an offender population reduction of 30 due to a large HVAC project, which started in May 2017 that requires one housing wing to be closed throughout the project. The anticipated completion date is November 2017.

115.18(b) CTCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. CTCC's last PREA audit was January 2015.

CTCC provided meeting minutes from December 20 16 discussing the addition of 21 cameras and numerous cameras that have been replaced.

Tour: Cameras were added to the hallways, stairways, gym and dayrooms. With the addition of facility camera placement along with direct supervision of the staff, there are reduced blind spots and enhanced the safety of the offenders housed at this facility.

The Site Coordinator states, "We knew we had blind spots and are thankful we could add cameras."

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☐ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at CTCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners, where possible, conduct all exams. If they are not available, qualified medical professionals conduct the exams.

Qualified Staff who are trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed CTCC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads, "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

All staff interviewed were aware of the coordinated response and was able to walk through the steps from separating the victim from the perpetrator and to not allowing any of them to shower, take a drink, change clothes, etc.

Staff were also aware that investigators from the Central Office PREA Unit conducts all sexual abuse investigations. While one staff member stated he thought the Site Coordinator initiated the investigation, he was quick to add that the Site Coordinator would contact the PREA Unit.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received." The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states “Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam.”

Corizon has trained several of their nurses to conduct SANE exams in specific regions of Missouri. To date Corizon has 32 certified SANE nurses – CTCC has one of these nurse assigned to the facility. The auditor reviewed the following information from the SANE Planning and Implementation Team Report:

“The SANE Planning and Implementation Team was impaneled to ensure the agency’s coordinated response to sexual abuse is revised, staff from all divisions are aware of their role and responsibility when responding to allegations of sexual abuse and that the SANE protocol is successfully implemented in prisons across the state.

SANE Nurses:

- Corizon will maintain a list of SANE nurses by region: Northwest, Central and Southeast. The PREA Unit will post the most recent listing on the PREA intranet page and email the list to the facilities.
- All SANE nurses will be issued a “Special Access” identification to alert security staff that the nurse as been approved for work at multiple prisons.
- When arriving at a prison to conduct a forensic exam, the SANE will have a clear tote, which contains materials necessary to conduct the forensic exam. The tote will have a laminated list of its contents on the top of the tote. The PREA Unit will post the most current list of the SANE tote contents on the PREA intranet page and email the list to the facility.
- Consent from the victim is required to conduct a forensic exam. If the victim does not consent to the exam, the victim will receive be offered medical, mental health and advocacy services. The investigation will proceed.
- The SANE will conduct the forensic exam, which includes details of the abuse, digital photographs of any injuries noted during the exam, collections of biological evidence utilizing a sexual assault evident collection kit and the completion of the State of Missouri’s Sexual Assault Forensic Examination Program Report.

- It should be noted, that SANE Nurses will only collect forensic evidence from victims. Evidence from a perpetrator will be collected by the Office of the Inspector General by consent or court order.
- In the unlikelyhood that a staff person is the perpetrator, the victim will be transported to a community hospital for the forensic exam.

Forensic Exams and Security:

- If a victim is escorted to medical in handcuffs, the handcuffs will be removed unless the victim's behavior appears to present a safety concern for medical staff. In such a case, the shift commander has the discretion to require the offender to remain in cuffs during the procedure.
- Privacy screens will be utilized during the forensic exam. The screen will afford the victim a degree of privacy while still allowing officer to hear and provide security during the procedure.

Flow of events:

- An offender makes an allegation of penetration.
- The shift commander is immediately notified and the coordinated response is initiated. Shift commander notifies the following staff by phone: CAO of the facility, CO Duty Officer, Investigator and PREA Site Coordinator.
- The offender is escorted to medical.
- If the event is alleged to have occurred within 120 hours, the offender has not showered or a forensic exam is otherwise indicated, the SANE protocol will be initiated.
- Medical will ensure the on call SANE nurse is notified and request the nurse's ETA. The SANE is required by policy to report to the facility within 3 hours of notification.
- Medical will communicate with the shift commander the name of the SANE nurse and the nurse's ETA.
- Shift Commander will notify the investigator, mental health staff and the advocate of the ETA of the SANE nurse.
- Where applicable, the community advocate will be notified. If the community advocate is unavailable, the chaplain on rotation will be call to report to the facility.
- The advocate will provide support to the offender prior to the forensic exam and during if requested.
- The investigator will conduct a brief fact gathering interview with the victim prior to the exam.
- Following the forensic exam, the victim will be assessed by mental health.
- The SANE nurse will give the camera to the investigator who will transfer the photos taken of the injuries noted during the exam to DVDs for the medical file and the investigative file.
- The SANE nurse will provide the investigator copies of all reports completed during the exam."

Effective September 1, 2016, cases involving the need for a forensic exam will no longer be out counted.

NOTE: Forensic exams will be conducted on-site for offender on offender sexual abuse cases. Forensic exams will be conducted at an outside facility if a staff member is the perpetrator. CTCC's designated SANE/SAFE hospital is:

University of Missouri Hospital
1000 Hospital Drive
Columbia, MO 65201

In the past 12 months, CTCC has no incidents where SANEs were required.

115.21(d) CTCC currently does not have a memorandum of understanding with a local rape crises center. They provided emails with True North Crisis Center, who declined to participate in an MOU, with the pre-audit documentation.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III M (1) (b) page 22, states, "If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution."

Auditor reviewed curriculum "The Nature and Dynamics of Sexual Violence," created by the Missouri Coalition Against Sexual and Domestic Violence (MDASDV) and provide to qualified staff members.

Auditor was also provided a blank consent form, "Consent for Facility Advocacy Services," that must be signed by the offender.

The Site Coordinator stated, "We have nothing with the community as the PREA Unit was unable to reach an agreement with them. We do have on onsite PREA advocate. If he is not available, we would then reach to FRDC for assistance with an advocate."

Currently, there are no inmates at CTCC that have reported being a victim of sexual abuse by another inmate or by staff. Several inmates were identified as reporting prior abuse during the risk assessment; however, during the interviews by the auditing team, they denied every making those reports.

115.21 (e) In addition, policy D1-8.13, "Offender Sexual Abuse and Harassment," Section III (M) (1) (a) (2) page 22, addresses Advocacy. It states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services."

NOTE: CTCC used qualified staff member to act as an advocate if requested by a victim. The audit did review a blank "Consent for Facility Advocacy Services." In addition, during the tour of CTCC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

The Site Coordinator stated, "We have nothing with the community as the PREA Unit was unable to reach an agreement with them. We do have on onsite PREA advocate. If he is not available, we would then reach to FRDC for assistance with an advocate."

Currently, there are no inmates at CTCC that have reported being a victim of sexual abuse by another inmate or by staff. Several inmates were identified as reporting prior abuse during the risk assessment; however, during the interviews by the auditing team, they denied every making those reports.

115.21(f) N/A The Missouri Department of Corrections conducts all offender sexual abuse and harassment investigations. All allegations that appear to be criminal are investigated by the Prison Rape Elimination Act (PREA) Unit located under the Office of Professional Standards. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility's Administrative Inquiry Officer (AIO) who reports to the warden.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Prison Rape Elimination Act (PREA) Unit for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (J) Investigations, page 20 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website..."

Policy D1-8.1, Office of Professional Standards, Section III E (3) (a) page 8 states, "PRISON RAPE ELIMINATION ACT (PREA) UNIT: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt."

See also policy D1-8.4 Administrative Inquiries, page 6, reads "The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation."

During the past twelve months, CTCC received two (2) allegations of sexual abuse. Both cases were referred for criminal investigations.

Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Both investigators interviewed stated that every allegation is referred for investigation. One investigator added, "No matter how small."

115.22(c) N/A MDOC is responsible for conducting their own criminal and administrative investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☐ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4) (b), page 7 states, "All staff members will receive initial PREA training during the department's basic training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

RECOMMENDATIONS: While the Refresher Training curriculum has information on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmate, the PREA Basic Training does not. Depending on when a staff member is hired, it could be up to year before they would receive this information in the Refresher Training. It is this recommendation of this auditor that MDOC update their PREA Basic Training to include information on communication with the LGBTI population.

While onsite, the auditor pulled one training record of a current staff member and found they had completed the PREA Basic Training in March 2017 as part of the basic training all new staff receive at the training academy.

All staff interviewed were able to discuss information they received on PREA in basic training. Each one reported they received PREA training when they are first hired and then received PREA training through an online course later. z

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III B (4) (f) page 8 also reads, "All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member will receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff member will receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of the assignment. Staff members who have been away from the department due to a separation of service, deployment to the military, illness, or other leave for 2 years or more must attend the appropriate gender specific training applicable to the worksite requirements."

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

No officers have transferred from any female facilities in the past 12 months to CTCC (a male only facility).

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) (c) page 7 reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee is required to complete training, the department's PREA manager will provide current information on sexual abuse and sexual harassment policies via the department's PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA/htm>."

CTCC provided examples of six signed acknowledgements of employees who attended the 2016 Annual PREA Refresher in their pre-audit documentation. Complete rosters for this training were also provided. CTCC reported that 91 employees have received PREA training.

NOTE: It was discovered during random staff interviews that the Site Coordinator conducts random “table top trainings” with staff. During these trainings, staff are provided with PREA scenarios and are asked, “What would you do?” Staff shared with the auditor many positive statements regarding this type of training. One staff member reported, “They are great. It helps keep my skills up as we hardly ever have PREA concerns here.”

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III B (6) (a) page 8 reads, “All completed PREA trainings will require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form will be routed through the facility-training officer or regional training coordinator.”

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III B (4) (e) reads, "Part-time employees, volunteers and contract staff members, vendors: All part-time employees, volunteers, and contract staff member will receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors will be escorted by a staff member at all times or will receive PRA training prior to entering the facility. Contracted residential facilities will ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors will receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
- Offenders Work Release Supervisor Training (5-hour course)
 - This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse.
- The Profession of Corrections and PREA (2 hour course)

In addition to the above trainings a brochure titled, "What you need to know about the Prison Rape Elimination Act" is also distributed to volunteers, vendors and contractors. This brochure provides definitions of sexual abuse and harassment, red flags to be aware of, how to report sexual abuse and MDOC's zero tolerance in regards to sexual abuse and sexual harassment.

CTCC also provided examples of training records for eleven contract staff demonstrating they have all had the departments 2016 All Staff PREA Refresher Training.

One volunteer with CTCC was interviewed and they reported they did receive PREA training. They advised the training covered the zero tolerance policy and how they should report any information they receive or see.

Contracted staff at CTCC attend Basic PREA training with all new hires and are required to participate in annual PREA refreshers that are offered.

115.32(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (6) (a) (1) (2) (3) page 8 states, "Training Records: All completed PREA training will require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the

training. This form will be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator will send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file. Volunteer acknowledgment forms will be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms will be retained in the vendor file by designated facility staff members."

CTCC provide examples of six signed acknowledgements of contracted staff who participated in the 2016 All Staff PREA Refresher Training with their pre-audit documentation.

One volunteer with CTCC was interviewed and they reported they did receive PREA training. They advised the training covered the zero tolerance policy and how they should report any information they receive or see.

Contracted staff at CTCC attend Basic PREA training with all new hires and are required to participate in annual PREA refreshers that are offered.

While onsite the auditor pulled one additional training record of a volunteer and found a signed acknowledgement form showing participation in the Volunteers in Corrections training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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CTCC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

CTCC advised, “New offender intake screening is completed by the corrections case manager the day offenders are transferred to CTCC. During this intake screening, offenders receive their initial PREA education: CTCC’s zero tolerance policy and methods for reporting sexual abuse. The entire screening process, including the initial PREA education is documented on the “CTCC Classification Screening and Intake Checklist.” The corrections case manager completing the intake must sign the form certifying they provided the information. The form is also reviewed and signed by the Assistant Warden.”

CTCC provided four intake-screening checklists completed in July 2017 as part of their pre-audit documentation.

While onsite the auditor pulled two random intake files from the month of September 2017 and found the signed classification screening and intake checklist.

The auditing team interviewed one staff member who does intake. When asked when inmates receive information on PREA, they stated, “They receive it during the intake process and the initial AIRA assessment. I provide them a copy of the PREA pamphlet and review it with them. I ask them if they have any questions or concerns. During orientation, we review the pamphlet again and they watch the PREA video.”

All inmates interviewed remembered receiving a pamphlet and watching the PREA video. All stated they received information the first day they arrived at CTCC.

In the past 12 months, 752 offenders have entered CTCC and received PREA education material.

115.33(b) CTCC advises that during orientation week, offenders view the PREA DVD and have discussion afterwards. A copy of the orientation schedule was provided to the auditor. This schedule shows that the PREA video is shown on day two of orientation. In addition, during the tour of the facility, orientation was taking place. The auditing team was able to observe a portion of orientation.

Intake staff at CTCC stated, “They each receive a PREA pamphlet that contains this information and there is information posted on the wings. The pamphlet is given to them the same day they arrive. Depending on when they arrived to the facility, it could be almost a week before they watch the video.”

All inmates interviewed remembered receiving a pamphlet and watching the PREA video. All stated they received information the first day they arrived at CTCC.

115.33(c) Policy IS SOP 5-1.2 Institutional Receiving and Orientation, Section III B (2) (dd) (ee) page 4 states, "After receiving an offender at an institution, designated reception and orientation staff member should ensure that offender are provided an orientation program that includes general information including, but not limited to the following: The Prison Rape Elimination Act (PREA), description of and reporting potential PREA events and crime time and PREA hotline information."

The auditing team interviewed one staff member who does intake. When asked when inmates receive information on PREA, they stated, "They receive it during the intake process and the initial AIRA assessment. I provide them a copy of the PREA pamphlet and review it with them. I ask them if they have any questions or concerns. During orientation, we review the pamphlet again and they watch the PREA video."

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III C (6) (a), pages 10 – 11 states, "Offender Education: The department will provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency will be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department will make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee will utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator will make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

Inmate education was found in the form of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video "Speaking Up for Female Offenders" in English and in Spanish.

Throughout the tour, the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) CTCC provide two examples of signed inmate acknowledgements stating they received the Offender Sexual Abuse and Harassment brochure in their pre-audit documentation.

While onsite, auditor reviewed three random current inmate files and found three signed acknowledgements stating they received the Offender Sexual Abuse and Harassment brochure.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (4) (b) (c), page 7 states, "All staff members will receive initial PREA training during the department's basic training. All staff members will complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures."

In addition, in Section III B (5) (b) page 8 of this same policy states, "All new investigators or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training."

CTCC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at CTCC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

Two investigative employees were interviewed. Both reported receiving MDOC's PREA training that all staff receive.

In regards to the specialized training, one investigator reported he had received this training. He stated, "It is geared towards substantive interviews towards victims, providing different methods, allowing victims to have an advocate during the interview, taking breaks during the interview if needed, and gathering enough information for preponderance of the evidence."

The second investigator is still relatively new and has not received this specialized training. He reported, "This training will happen in the future." He also reported that his main function now is to investigate sexual harassment cases. He advised, "The minute touching occurs, the other investigator is called in."

115.34(b) Auditor reviewed the curriculum "Investigating Offender Sexual Abuse in Confinement Settings," 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 "Investigating Allegations of Sexual Abuse," pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 "State Laws and Policies" pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 "Investigating Allegations of Sexual Abuse" page 8 -11 and pages 18 -30)

This training curriculum also included a module titled “Mock Crime Scene Investigations” wherein participants took what they learned in previous modules and applied it a practice setting.

This training was revised in September 2014 and was reduced to four modules. It still contains all four elements of this portion of the standard.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (5) (b) page 8 states, “All new investigators or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training.”

CTCC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at CTCC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

The investigator who has received the specialized training, stated, “We covered Miranda/Garrity and got some clarification when dealing with staff. We also discussed evidence collection, chain of command and how to tag it.” This investigator stated they also received evidence collection training through the Highway Patrol.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 33 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training.

Currently there are 10 investigators assigned to the PREA Investigation Unit. This training roster included the investigators assigned to CTCC.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They **do not** provide forensic examinations. Regional SANE nurses provide forensic exams from Corizon.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (5) (a) page 8, states, "Medical and mental health staff members shall receive annual specialized PREA training."

Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated April 2017. This course is worth two hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (page 5)
- How to preserve and physical evidence of sexual abuse (page 8)
- How to respond effectively and professionally to victims of sexual abuse (pages 10 -12)
- How to and whom to report allegations and suspicions (page 6)

One medical staff person stated, "I attended the PREA training at the Basic Academy in Jefferson City and there is also an online refresher course. Corizon has a peer educator that provides a week-long training that we attend as well."

115.35(b) N/A The medical staff at this facility do not conduct forensic exams.

115.35(c)(d) CTCC provided training information that 66 medical and mental health employees received the 2016 All staff PREA Refresher Training in their pre-audit documentation.

Auditor also reviewed eleven sign acknowledgments from medical staff stating they received and understood the "PREA Specialized Medical and Mental Health Training" in 2017.

NOTE: All training records are kept in the system and on file with Fulton Reception and Diagnostic Center (FRDC) as CTCC and FRDC share a HSA.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III C (3)(a) page 9 states, "All offenders will be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other offenders or sexual abusiveness towards other offenders in accordance with the institutional services procedure regarding offender housing assignments and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities."

The period for administering the Internal Risk Assessment is also found in IS5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification.

The risk assessment tool is completed on all arrivals within 72 hours, unless they sign the refuse to participate form.

The auditing team interviewed one staff member who is responsible for administering MDOC's risk screening assessment. They stated, "I complete the AIRA individually with the inmate the same day they arrive. I also go over the PREA pamphlet with them."

All inmates interviewed reported they were asked various questions regarding whether this was their first time in prison, if they had every been sexually abused and their sexual orientation on either the first day of their arrival to CTCC or the very next day.

115.41(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III C (1) page 9 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival."

Policy IS5-2.3, Offender Internal Classification, on page 4 in Section D (2) also states, “CCM’s will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score.”

CTCC provided a data sheet from July 1, 2016 – June 30, 2017 with their pre-audit documentation demonstrating the date of arrival and the date the first assessment was completed. There were 760 inmates entering CTCC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. All initial assessments were completed on the day of arrival and according to standards.

In addition to this data sheet, CTCC provided four examples of completed assessment done within the first 72 hours of arrival at CTCC.

While onsite the auditor randomly selected five current CTCC offenders and verified that an initial assessment had been completed. All five assessments were completed on the date the offenders arrived at CTCC.

All inmates interviewed reported they were asked various questions regarding whether this was their first time in prison, if they had every been sexually abused and their sexual orientation on either the first day of their arrival to CTCC or the very next day.

Intake staff at CTCC interviewed stated, “It is completed the same day they arrive. It makes no difference if I have five or 12 come in, they all get done before I leave.”

115.41(c)(d)(e) Auditor reviewed CTCC’s risk screening tool and found all 10 elements in this standard were covered. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the “The Adult Internal Risk Assessment Manual” which contained relevant information on how to complete the internal risk assessment. For example, this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility’s database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

Intake staff interviewed stated the instrument CTCC uses, “Covers sexual history, history of mental health, size, age, disabilities and looks at their offenses. We conduct the assessment the same day they arrive. I meet with them and ask these questions. If there are answers that needs more clarification, I will follow up with additional questions. If there are concerns about sexual abuse victimization or abusiveness, then I complete a mental health referral. I will email it and place the original in the box. If it urgent, I will make a phone call.”

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, Section III C (3) page 2 states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred.”

Also on page 4 of this same policy in Section D (3) it states, “A second internal classification will be completed within thirty calendar days of the offender’s arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender’s internal classification score a case manager will review the offender’s housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C) (1) (b) (c) pages 9 states, “Offenders will be reassessed within 30 days of arrival. The reassessment will consider additional relevant information received by the facility after the initial intake screening. The offender’s risk level will be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender’s risk of sexual victimization or abusiveness.”

CTCC provided a data sheet for the dates July 1, 2016 – June 30, 2017 in their pre-audit documentation showing the date the offender entered CTCC, the date they had received their initial assessment and their 30-day assessment. All assessments listed showed risk assessment tools were completed within the timeframe outlined by standards and MDOC policy. The pre-audit documentation also provided examples of four 30-day assessments completed on CTCC offenders.

While on site, the auditor pulled three current CTCC offenders files and found 30-day assessments had been completed on all of them.

Intake staff reported, “I conduct a 30-day follow up assessment and the CCA does it in my absence. Generally, the follow up assessment is completed during their third full week in the program.” In regards to confidentiality of the information in the assessment, the intake staff stated, “Generally myself, the CCA, Warden and Assistant Warden have access to the information in the assessment. No custody staff have access to this information.”

CTCC offender are reassessed at the 30-day mark to see if any changes have occurred unless they refuse to participate. (Auditor did reviewed an example of “Refusal to Participate” form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told no sanctions will be given for refusal to participate.)

Of the seventeen random inmate interviews conducted, eight have not had a 30-day reassessment. These reassessments have not be completed as these inmates are new arrivals and have only been at CTCC less than fourteen days.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III C (1) (d) page 9 states, “The offender will not be disciplined for refusing to answer or not disclosing complete information during the assessment.”

The Adult Internal Risk Assessment Manual also states, “...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manger should note in sections

requiring offender response “refused to participate” and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions...”

Intake staff reported no inmate is ever disciplined for refusing to answer any question of the assessment or for refusing to participate.

115.41(i) Policy IS5-2.3, Offender Internal Classification, Section III (F), page 3 states, “Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual.”

The Adult Internal Risk Assessment Manual also states, “Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment.

Only case managers have access to the information found on the risk assessment. It was reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

In regards to confidentiality of the information in the assessment, the intake staff stated, “Generally myself, the CCA, Warden and Assistant Warden have access to the information in the assessment. No custody staff have access to this information.”

The Site Coordinator states, “Specific information is restricted to certain staff: classification, administration, and probation/parole. All staff have access to the total score.”

The PREA Coordinator echoes this practice. “This is in policy.”

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. CTCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case by case basis.

CTCC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, there have been no transgender inmates assigned to CTCC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (A) (1) (2) pages 1 – 2, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III C (3) (b) page 9 states, “Housing, cell, bed, education, and programming assignments will be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This will be in accordance with the institutional services procedures regarding offender-housing assignments, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

On page 6 of this same policy, states, “The Required Activities Coordinator will notify the work supervisor of the offender’s internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity.”

CTCC advises, “Sigmas will be housed on the second floor and alphas will be housed on the third floor. Kappas can be housed anywhere, therefore they do not require special placement and will not be identified. The west wing on the first floor remains the designated wing for handicapped offenders.”

Interviews:

The Site Coordinator reported, “We use the risk assessment tool in determining housing, what work assignments they can be placed in, determine mental health needs to be referred – which they can choose to decline if they want.”

Intake staff reported, “If they are assessed as Sigma they are generally housed on the 2nd floor and the Alphas are placed on the third floor. There is always direct supervision when they are in a group setting.”

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, "Each institution shall convene a transgender committee to determine and review an offender's classification on a case by case basis. A transgender or intersex offender's own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender's arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee's approved written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case-by-case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP."

SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III (D) (2) page 11 states, "The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary."

The policy also states, "The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status. Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process. Review of the offender adult internal risk assessment. The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. Review of the offender's institutional adjustment. PREA allegations/investigations. Review of programming assignments. Recommendations regarding the offender's health and safety to include: housing assignment. Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but must consider the offender's health, safety, and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. Showering: Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. Special needs: If the contracted mental health provider recommends hormone replacement therapy, the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report."

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, "The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records."

The auditor also reviewed a copy of the template the Transgender Committee would use to determine housing.

The Site Coordinator reported, "We do not house our LGBTI inmates in special units. If inmates comes in and identifies themselves as transgender, we assemble a transgender committee to determine the needs and level of comfort. It would be the MDT decision on how to house them. He would have a normal assessment in which his own views of his safety would be taken into consideration. We reassess transgender inmates every six months."

Risk screening staff reported, "There is a transgender committee that ensures the inmate's needs are met and that they are allowed to shower separately. They are also pat searched differently."

The PREA Coordinator also reported that a transgender committed will be convened at any facility where an individual is admitted and identifies themselves as transgender.

There were no transgender or intersex inmates in CTCC custody during the onsite portion of this audit.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC does not have administrative segregation. They report, "If an offender were to be assessed as needing protective custody due to be at risk for sexual victimization, he could be temporarily be placed in TASC for protect custody needs but would then need to be transferred to another location for placement in segregated housing." CTCC has one two-man cell designated as TASC (Temporary Administrative Segregation Confinement) cell.

In the past 12 months, there has been no inmate placed in involuntary segregation.

The following are MDOC's policies on segregated housing in institutional settings.

115.43(a)(b)(c)(d)(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Segregated Housing in Institutional Setting, pages 16-17 states, "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review two PREA allegation notifications that have been completed in the past 12 months. In

looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Auditor reviewed the reporting information given to inmate's who enter restrictive housing. This brochure covers how to report a PREA allegation and provides address for advocates.

The auditing team interviewed on staff person who would be assigned to segregation if it is being used. They reported, "They can still receive homework and tasks to complete while in TASC. If they are being terminated from the program, they are then transferred." The staff member referred to being in TASC as being comparable to room restriction. This staff member went on to report, "As long as I have worked at CTCC, there have been no inmates placed in TASC for risk of sexual victimization or for having report sexual abuse. They are generally just moved to a different wing to ensure their safety. If for some reason, this was to happen they would only be in TASC for a very short amount of time. The longest would be five to seven days and that would only be if a weekend was involved."

NOTE: Auditor reviewed MDOC's Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

On the day of the onsite portion of the audit, there were no inmates in TASC for risk of sexual victimization or who have alleged to have suffered sexual abuse.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by CTCC.

As of the date of this audit, CTCC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," Section III F (1) page 13 states, "Each facility's CAO or designee will provide multiple ways

for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to:

- a. informal resolution request (IRR), grievance process, or offender complaint,
- b. a staff member,
- c. PREA hotline, and
- d. advocacy agency.

Auditor reviewed the offender brochure on “Offender Sexual Abuse and Harassment” which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, “Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department’s confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing “8” or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

The auditor was also provided a copy of the PREA brochure that given to any inmate placed in CTCC’s TASC cell.

CTCC staff interviewed were able to list several ways an inmate could report victimization. Their responses ranged from: calling the PREA hotline, telling a staff person, “fly a kite” or write a letter.

Inmates reported several ways they would report victimization. Reporting ranged from calling the PREA hotline, telling a CO , placing something in the PREA box or writing a letter to Jefferson City. Only one inmate reported that he would not make a report, “unless he was caught fighting.” When asked if there were other options than fighting, he reported, “I would go either to a CO or a counselor.”

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse.

115.51(b)

Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” Section III F (2) page 13 states, “Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit will be treated as confidential mail and not subject to examination. Facilities will maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity.”

Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety’s responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC

shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

The poster with the Department of Public Safety address also contains the following language, “Be advised that any correspondence sent to the Department of Public Safety regarding any PREA concerns that you might have will be considered confidential and will not be subject to inspection by institutional staff. You may seal the envelope and if it is addressed to the Department of Public Safety it will not be opened up by CTCC staff. It will be sent directly to them. Additionally, the name of the offender sending the mail will remain confidential and will not be reported to any other staff at CTCC by the staff member that handles the mail.”

The Site Coordinator reported, “They are given initial PREA information in a brochure. It tells them about the number they can call to report, how to tell staff and provides information on how to report to an outside agency (Department of Public Safety in Jefferson City). If they do report to Jefferson City, it immediately goes to Central Office and the investigators.”

CTCC staff interviewed were able to list several ways an inmate could report victimization. Their responses ranged from calling the PREA hotline, telling a staff person, “fly a kite” or write a letter.

Inmates reported several ways they would report victimization. Reporting ranged from calling the PREA hotline, telling a CO, placing something in the PREA box or writing a letter to Jefferson City. Only one inmate reported that he would not make a report, “unless he was caught fighting.” When asked if there were other options than fighting, he reported, “I would go either to a CO or a counselor.”

Inmates reported that they could remain anonymous if they wanted.

115.51(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” Section III F (3) page 13 states, “All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure.”

Per CTCC’s coordinated response, “PREA allegations, including third party and anonymous, will be investigated as outlined in this protocol, D1-8.13 Sexual Abuse and Harassment and D1-8.1.”

The Site Coordinator reported, “They are given initial PREA information in a brochure. It tells them about the number they can call to report, how to tell staff and provides information on how to report to an outside agency (Department of Public Safety in Jefferson City). If they do report to Jefferson City, it immediately goes to Central Office and the investigators.”

Inmates reported that they could remain anonymous if they wanted.

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, “For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III F (4) page 13 states, "Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct."

Staff Tips Hotline posters are throughout the facility and are located in the officer work areas, staff newspaper and on the MDOC intranet home.

All staff reported they were aware of a hotline they can call to report a PREA event. It should be noted that while they knew of this number, a majority of them stated they would not remain anonymous if they reported inmate abuse.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member, they are not required to submit their grievance through that staff member. CTCC also outlines, through policy, where grievance cannot be filed.

CTCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, there have been zero grievances filed.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”
- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”

- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request processed on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
 - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (8) Page 14 states, “The department will not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department will not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of

sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. The department will ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards.”

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states “The hotlines will not be utilized for complaints, grievances or other unrelated purposes.”

Auditor also reviewed the following training provided at statewide meeting regarding grievances, “PREA and the Grievance Process.”

Auditor also reviewed CTCC Grievance PREA Tracking Logs from 2015 and 2016.

115.52(d) At this time CTCC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) CTCC reports they have had no third party grievances filed within the past year.

115.52(f) CTCC reports they have had no emergency grievances filed pursuant to this standard.

115.52(g) Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, “Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal.” Also on page 6, Section III (E)(4a)(1) it states, “When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status.”

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. CTCC was unable to enter a MOU with a community provider.

115.53(a) D1-8.13 Offender Sexual Abuse and Harassment, Section III M (1-5) page 22 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual

abuse in confinement settings. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders will be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution.”

This same policy in Section III I (15) on page 19 states, “During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator.”

Out of the 17 random inmates interviewed, only one stated he was aware of information on outside advocacy.

RECOMMENDATION: While this information is clearly posted on bulletin boards throughout the facility, it quite possible CTCC inmates are overwhelmed with information posted. It is recommend that a brief refresher should be given to CTCC inmates on what the PREA signage is providing – especially on services that Just Detention International can provide them. This refresher can be done during meetings with their counselor and does not require a formal inmate education process.

115.53(b) D1-8.13 Offender Sexual Abuse and Harassment, Section III M (6) page 22 states, “Offenders will be informed before being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

115.53(c) MDOC has attempted several times since 2014 to enter into an MOU with True North Crises Centers. CTCC has provided emails supporting these attempts.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (3), page 13 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

While onsite, the auditor also viewed third party reporting information posted in the visiting area of CTCC.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

CTCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

115.61(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (8) page 6 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors will immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members will inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes."

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, "Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department."

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as "any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as "Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department."

Every staff member interviewed stated they were required to report any suspicion or knowledge of inmate sexual abuse. They were able to state this was in CTCC policy.

115.61(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (9) page 6 states, "Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions."

Every staff member interviewed stated they were required to report any suspicion or knowledge of inmate sexual abuse. They were able to state this was in CTCC policy.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (8)(a), page 6 states, "Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services."

Policy IS11-32, Receiving Screening – Intake Center, Section III B (7)(d) page 3 states, "Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws"

Medical staff interviewed at CTCC stated, "I have an obligation to report if there is a threat to the inmate's safety as we are mandated reporters. This also happens when information is received during an intake screening."

115.61(d) Policy IS11-32 Receiving Screening - Intake Center, Section III B (7) (d) (1) page 3 states, "If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws."

115.61(e) Policy D1-8.13, Offender Sexual Abuse and Harassment," Section III G (3) page 15, states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist."

The warden and the site coordinator both stated that all reports of sexual abuse are forwarded to the Central Office PREA Unit for investigation.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months, there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 20, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

CTCC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. They advised, "If a report or determination was made that an inmate is subject to risk of imminent sexual abuse, we would assess the offender for the least restrictive housing. This should be done within 24 hours. If the offender requested protective custody, he would be housed in TASC until transfer arrangements could be made. If the offender did not want protective custody, some other alternatives would be to move him to the second floor (sigma floor) or arrange to transfer him to the Boonville Treatment Program."

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

115.63(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III G (4) page 16 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours."

CTCC reported that in the last twelve months they have received no reports from incoming or current inmates that abuse occurred at another facility.

CTCC stated, "In the past 12 months, CTCC has not had any offenders report allegations of being sexual abused while housed within another confinement facility. If an allegation of this nature were to be made, the shift supervisor would complete the coordinated response. If the alleged incident happened at another facility the normal notification process would be utilized. If the alleged incident happened while in a county jail, it would be forwarded to the DOC PREA coordinator at central office.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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CTCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard.

115.64(a) Auditor reviewed CTCC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 16. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor will make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor will make email notifications as outlined in the applicable PREA notification checklist protocol.

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

The auditing team interviewed one security staff member who has acted as a first responder, they stated, "This is a step by step process in the Emergency Manuals in the Control Center regarding the coordinated response. On the report, we indicated that it is a 120 Treatment Offenders and that way the investigators know to make it a higher priority." (It should be noted this first responder was able to walk through every step of CTCC's coordinated response, including providing an advocate for the victim.)

The auditing team reviewed the two allegations filed at CTCC in the past 12 months and found that staff initiated the coordinated response in a timely manner and followed CTCC policy.

In interviewing staff at CTCC, each person was able to articulate the Coordinated Response.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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CTCC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

Policy D1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response in Section III G on pages 16 and 17. It states, "The CAO or designee will coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder will take the following steps.

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor will make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor will make email notifications as outlined in the applicable PREA notification checklist protocol.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, “Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department’s ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.”

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, “The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime.”

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months there have been zero reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d)(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (9) page 14 outlines the protection from retaliation for inmates and staff in the following manner:

"The PREA site coordinator will ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation. Following any reported incident of sexual abuse or harassment, monitoring for retaliation will be conducted in the following manner: The alleged victim of offender sexual abuse will be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring will include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form will be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring will continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

The PREA site coordinator or designee will ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation will not receive further monitoring. Reporters and witnesses will sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator will report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator will act promptly to remedy any such retaliation and protect the individual.

The PREA site coordinator will ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain

referral. All action taken to remedy retaliation or services offered to the victims or suspected victims will be noted on the assessment-retaliation status checklist form.

In the event that a victim is transferred during a period of monitoring, the PREA site coordinator will forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution will ensure monitoring continues as outlined in this procedure. The PREA site coordinator will ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop.

In the event the allegations are determined to be unfounded the agency will terminate monitoring.”

The site coordinator is responsible for monitoring retaliation. He stated, “For inmates, you complete the retaliation checklist. I meet with them and ask them if they have experienced any retaliation. I look at conduct violations and if there changes in living situations. For staff, I ask them if they have experienced any retaliation and remind them to be mindful to report anything. Monitoring is every 30 days and 90 days; there is no further monitoring unless it would be necessary. Most offenders have been released from our custody before retaliation monitoring would be completed.” He stated the average length of stay for most inmates is twelve weeks.

The auditing team reviewed the two PREA allegations made in the past 12 months and found retaliation monitoring occurred in one of the cases. In the remaining case, the offender was released from custody before the initial 30-day monitoring could be accomplished.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) D1-8.13, Offender Sexual Abuse and Harassment, Section III H pages 16 - 17, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event, the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. When an offender is believed to be in substantial risk of victimization, the shift commander will assess the offender to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander will note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender will be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator will review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing will not ordinarily exceed a period of 30 days. Every 30 days, the offender will be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. ***SOP: CTCC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing Form (SOP Reference A) the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation."

The auditing team interviewed on staff person who would be assigned to segregation if it is being used. They reported, "They can still receive homework and tasks to complete while in TASC. If they are being terminated

from the program, they are then transferred.” The staff member referred to being in TASC as being comparable to room restriction. This staff member went on to report, “As long as I have worked at CTCC, there have been no inmates placed in TASC for risk of sexual victimization or for having report sexual abuse. They are generally just moved to a different wing to ensure their safety. If for some reason, this was to happen they would only be in TASC for a very short amount of time. The longest would be five to seven days and that would only be if a weekend was involved.”

CTCC reports, “There have two PREA allegation made at CTCC in the past 12 months. When we have an allegation, we complete the Coordinated Response and then asses the victim for the least restrictive housing. Most of the time the alleged victim is able to remain in general population and continue participating in the CTCC program. If the alleged victim requested protective custody, since that is not available at CTCC, he would be placed in TASC until he could be returned to FRDC or transferred to the Boonville Treatment Center if possible.”

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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All investigations are referred to the PREA Investigative Unit in the Office of Professional Standards.

115.71(a) Policy D1-8.1, Office of Professional Standards, Section III E (3), pages 8 -9 states, "PRISON RAPE ELIMINATION ACT (PREA) UNIT: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours."

Policy D1-8.4, Institutional Investigations, Section III B pages 3-4 states, "SCOPE OF RESPONSIBILITIES: An inquiry or investigation may be conducted by an institutional investigator when:

- an offender may have engaged in a violation of offender rules; or
- there is staff member on offender sexual harassment
 - Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (1) page 20 states, "The department will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

The auditing team interviewed two investigators. Both investigators stated that all investigations are initiated with 24 – 48 hours. One investigator reported, "If it is a penetration event then it would be the next business day and if it was a non-penetration event, it would start within several days." Both indicated that anonymous and third party reports would not be handled any differently than victim reported allegations.

115.71(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (2) page 20 states, "Investigators will receive specialized PREA investigation training prior to conducting an investigation involving offender sexual abuse."

CTCC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at CTCC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

Two investigative employees were interviewed. Both reported receiving MDOC's PREA training that all staff receive.

In regards to the specialized training, one investigator reported he had received this training. He stated, "It is geared towards substantive interviews towards victims, providing different methods, allowing victims to have an advocate during the interview, taking breaks during the interview if needed, and gathering enough information for preponderance of the evidence."

The second investigator is still relatively new and has not received this specialized training. He reported, "This training will happen in the future." He also reported that his main function now is to investigate sexual harassment cases. He advised, "The minute touching occurs, the other investigator is called in."

115.71(c) Policy D1-8.4, Institutional Investigations, purpose is "This procedure establishes guidelines concerning the scope and depth of inquiries or investigations conducted by the department's institutional investigators."

The auditing team interviewed two investigators. One investigator stated in regards to the first steps of an investigation, "It depends. You can conduct the interview with the victim first or sometimes you have to process a crime scene first. You identify any witnesses to substantiate the victim's story, gather evidence to get complete picture before you approach the suspect." He went on to state in regards to collecting evidence, "Direct evidence is bagged, tagged and photographed. Circumstantial evidence involves the backgrounds of both victim and perp. You need to look at the big picture."

The other investigator reported, "You would secure evidence for the SANE if it is penetration event. For sexual harassment, you talk to the victim first, then witnesses, then the suspect last." When it came to collecting evidence, he stated, "I would assist the PREA investigators where needed. I would make sure clothing is bagged, sealed and placed in evidence."

115.71(d) Policy D1-8.1, Office of Professional Standards, Section III D (9) page 7 states, "When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall:

- in offender related cases: notify the CAO, who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the worksite should complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO should refer the incident to the appropriate prosecutor's office.
 - for investigations conducted by the PREA unit, OPS investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.
- in employee related cases: notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.

Both investigators stated they would contact with the prosecutor with any evidence before proceeding if a case was going to be referred for prosecution.

CTCC had no sustained allegations of offender sexual abuse referred for prosecution.

115.71(e) Policy D1-8.1, Office of Professional Standards, Section III D (8) page 7 states, "The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee."

The two investigators interviewed reported that all victims and witnesses are credible until proved otherwise. One investigator stated, "When looking at credibility, you have to look at each allegation separately. You need to look into their history and their mental health history."

115.71(f) Policy D1-8.4, Institutional Investigators, Section III C (3) page 4 states, "The institutional investigator will complete a written report at the conclusion of all inquiries and investigations and submit it to the CAO in accordance with the institutional investigator guidelines reference document."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (3) page 20 states, "Administrative investigations will include an effort to determine whether staff member actions or failure to act contributed to the abuse."

Both investigators reported that reports are kept on all allegations. These reports track the date, time, who, what, when, where, why and how. One investigator stated, "They are written in plain English and in chronological order."

115.71(g)

The two investigators interviewed reported that all victims and witnesses are credible until proved otherwise. One investigator stated, "When looking at credibility, you have to look at each allegation separately. You need to look into their history and their mental health history."

The cases reviewed by the auditing team contained detailed reports and outlined every step the investigator took during the investigation.

115.71(h) Policy D1-8.1, Office of Professional Standards, Section III D (9) page 7 states, "When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall:

- in offender related cases: notify the CAO, who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the worksite should complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO should refer the incident to the appropriate prosecutor's office.
 - for investigations conducted by the PREA unit, OPS investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.
- in employee related cases: notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.

CTCC had zero sustained allegations of offender sexual abuse. No cases were referred for prosecution.

Both investigators report that not every allegation will be referred for prosecution. One investigative staff member stated, "It depends if it gets referred for prosecution. If a statute has been broken, it will be referred. If it's a conduct violation, it will be handled in-house."

115.71(i) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (6) page 20 states, "Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention."

115.71(j) Policy D1-8.1, Office of Professional Standards, Section III H pages 10 -11 states, "RESIGNATION WHILE UNDER INVESTIGATION: If a staff member resigns during an OPS investigation, the CAO shall notify the OPS immediately. The OPS will make every effort to conduct an interview prior to the staff member leaving the worksite. Every effort should be made to complete the investigation. Notification will be provided to the division director or designee when the matter is closed to determine whether the findings should be forwarded to the personnel office and noted in the staff member's permanent personnel file. In the event the employee or contractor holds a professional license or certification, notification will be made to the division of rehabilitation services that will make notification to the appropriate professional licensing and/or certification organizations. The departure of the alleged subject or victim from employment or control of the department shall not provide a basis for terminating the investigation."

Both investigators reported that investigations would continue even if the abuse leaves the facility or is released from MDOC. One stated, "I would make sure I have an accurate home address so that an interview can be completed." The other investigator reported, "I will still complete the investigation. If they are transferred to another institution, I would contact another investigator to conduct the interview."

115.71(k) N/A

115.71(l) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III J (5) page 20 states, "When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA manager will request all responsible sheriff departments follow PREA standards when conducting offender sexual abuse investigations."

Investigators reported, "We would schedule the times for interviews and give them clearance. We would set up the interview rooms for them. Homicide is the only time an outside agency would assist on an investigation." The other investigator added, "We would assist them in collecting evidence."

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (4) page 20 states, "Administrative investigations will impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated."

Both investigators stated they would use the preponderance of the evidence to determine guilt. One investigator stated, "Preponderance of the evidence is 51%."

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.73(a) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (1) page 21 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form."

Both investigators stated they would not notify the inmate the outcome of an investigation, One reported, "This is not done by the investigator; but is the case manager's role."

The site coordinator stated, "I would complete a notification form and provide that information to the inmate."

In the past 12 months, CTCC advised two PREA investigations were conducted. Offender notification of allegation finding were not made due to the offenders being released from custody when the investigation was complete. This information is tracked using uploaded "closed cases" spreadsheet. The uploaded form in this section would be utilized to notify the offenders of the investigation findings if they were in custody."

115.73(b) N/A CTCC utilizes institutional investigators to conduct all investigations.

115.73(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (a) page 21 states, "All subsequent notifications will be made when:

Staff member on offender allegations: following the completion of an inquiry or investigation, the offender will be notified when the following occurs (unless the inquiry or investigation is unfounded):

- The staff member perpetrator is no longer assigned to the housing unit.
 - The staff member perpetrator is no longer employed by the department.
- The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution.
- A disposition of charges exists related to sexual abuse within the institution."

115.73(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (b) page 21 states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender will be notified when the following occurs:

- The offender has been indicted on a charge related to sexual abuse within the institution.
- A disposition of charges exists related to sexual abuse within the institution.

115.73(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (c) page 21 states, "The departmental PREA manager will forward the written notification to the offender via the PREA site coordinator.

- The PREA site coordinator will ensure that the written notification is provided to the offender in a confidential manner
- The original notification will be signed by the offender and witnessed by a staff member.
 - The offender will be offered a copy of the letter, but will have the right to decline the letter.
- The original notification will be forwarded to the department's PREA manager for tracking.
- (In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.

CTCC provided the auditor a copy of a blank notification form titled, "PREA Alleged Sexual Abuse by Offender Notification."

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. There have been no staff who have been disciplined, terminated or resigned for violating the agency sexual abuse and sexual harassment policies.

115.76(a) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (1), page 24 states, "Staff members will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures."

115.76(b)(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (2), page 24 states, "Termination from the department will be the presumptive disciplinary action for staff members who have engaged in sexual abuse."

115.76(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (3), page 24 states, "All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement."

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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CTCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (4) page 24 states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility will take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations.

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services..."

CTCC reports that any contractor or volunteer that is found to have engaged in sexual abuse of an inmate would be banned from the facility.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At CTCC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. If an inmate makes a report in good faith, there will be no disciplinary action.

115.78(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (1) page 23 states, "Offenders will be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 1 and 2 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others."

CTCC reported no instances of administrative findings of inmate-on-inmate sexual abuse in the base 12 months.

115.78(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (2) page 24 states, "Sanctions will be commensurate with the nature and circumstances of the abuse committed, the

offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

116.78(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (3) page 24 states, "The disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, will be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process, it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded."

In the past 12 months, there have been no substantiated cases where an inmate's mental disability or mental illness contributed to his behavior when receiving sanctions during the disciplinary process.

115.78(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (4) page 24 states, "If found guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

NOTE: CTCC does not offer any type of sex offender treatment.

115.78(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (5) page 23 states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

115.78(f) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process, it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief

that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded.”

115.78(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (6) page 23 states, “The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and will be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.”

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Inmates housed at CTCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c) IS11-32 Receiving Screening – Intake Center, Section III B (8) (b) page 3 states, “If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim's enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Staff who conduct the risk screening stated, “If there are concerns about sexual abuse victimization or abusiveness then I complete a mental health referral. I will email it and place the original in the box but if it is urgent, I will make a phone call. Mental Health is available on Tuesday and Thursday but can be contacted immediately if a need arises.”

115.81(b) IS11-32 Receiving Screening – Intake Center, Section III B (8) (c) page 3 states, “If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an

institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.”

Staff who conduct the risk screening stated, “If there are concerns about sexual abuse victimization or abusiveness then I complete a mental health referral. I will email it and place the original in the box but if it is urgent, I will make a phone call. Mental Health is available on Tuesday and Thursday but can be contacted immediately if a need arises.”

115.81(d) IS11-32 Receiving Screening – Intake Center, Section III B (5-6) page 3 states, “When the intake mental health screening form is completed by health services staff members, the original of the form will be sent to the institutional chief of mental health services (ICMHS) or designee. A copy should be filed in the hard copy health services record when the department computer system has not been utilized as the documentation of this screening. The designated qualified mental health professional (QMHP) shall assign a disposition as outlined at the bottom of the intake mental health screening form and sign the completed form. The original of the completed form shall be filed with the copy in the offender’s health services record.

If an offender’s medical or mental health condition precludes placement in the designated area, the case management staff member should be notified immediately by the health services staff members identifying the need for a change of placement. Special housing unit recommendations will be made in accordance with institutional services procedures regarding communication on offender special health needs and communicated to the case management staff members. Health services staff members will document the information in the department computer system.”

115.81(e) IS11-32 Receiving Screening – Intake Center, Section III B (8) (d) page 3 states, “Health services staff members may obtain informed consent from offenders in accordance with institutional services before reporting information about prior sexual victimization. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

CTCC Medical Staff reported, “Because of HIPAA we are required to obtain a Release of Information.”

NOTE: CTCC does not house youthful inmates.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Inmate victims of sexual abuse at CTCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (1) and (17) pages 17 and 19 state, "Victims of sexual abuse will receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment."

"Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate."

Auditor reviewed Corizon's Contractual Requirements. On page 43 it states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment."

CTCC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
- If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
- Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

CTCC medical staff stated, "We can provide same date services as we are open from 5:30 a.m. to 10:00 p.m. In addition, there is always someone on call if we are needed during the night. We would also consult with the doctor immediately. We would take orders from him. Plus, SANE kits are kept onsite."

115.82(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (16) page 19 states, If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners."

115.82(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (8) page 18 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate."

Auditor reviewed Corizon's Contractual Requirements. On page 43 it states, "Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

115.82(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (18) page 19 states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: CTCC is a male only facility.)

115.83(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (19) pages 19 -20 state, "Each victim and abuser will be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody."

115.83(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (20) page 20 states, "Victims and abusers will be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

When CTCC medical staff was about the level of care being that same as the community, they reported, "Yes, definitely."

115.83(d)(e) N/A CTCC is a male only facility.

115.83(f) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (17) page 19 states, "Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate."

115.83(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (18) page 19 states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

115.83(h) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (11) page 19 states, "Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse."

CTCC medical staff stated, "The perpetrator would be offered mental health services and would be given a head to toe assessment as well to determine if they have any injuries that need to be treated."

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CTCC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 24, Section III (I) states, "Each facility will conduct a sexual abuse incident debriefing at the conclusion of every substantiated and

unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.”

CTCC provided two examples of debriefings with their pre-audit questionnaire.

115.86(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (2) page 20 states, “Debriefings will be held within 30 days of the conclusion of a formal investigation or inquiry.”

CTCC provided two examples of debriefings with their pre-audit questionnaire.

115.86(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (3) page 20 states, “The review team for offender sexual abuse events will include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigators, and medical or mental health practitioners, when applicable.”

CTCC provided two examples of debriefings with their pre-audit questionnaire.

The warden advised the CTCC does have sexual abuse incident review team.

The Site Coordinator reported, “

115.86(d) CTCC provided a blank copy of the debriefing form

The Site Coordinator reported, “We still do a debriefing even if everyone has left CTCC. We utilized a standard form and it will go to the Warden, the state PREA Coordinator and the Assistance Director for review. We look everything. We definitely use it as an opportunity to determine if staff visibility can be enhanced by camera coverage.”

115.86(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (4) pages 20 -21 states, “A complete written report will be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility will implement the recommendations for improvement, or will document its reasons why recommendations will not be implemented. A copy of the debriefing will be submitted electronically to the assistant director and the PREA manager. A copy of the report will be filed in the institutional PREA event file.”

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☒ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III Q pages 24 – 25 state, “Annual Site Report: Each facility will utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA manager by the last working day in March.

1. The report will include:

- identified problem areas,
- recommendations for improvement,
- corrective action taken,
- if recommendations for improvements were not implemented, reasons for not doing so,
- a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
- an evaluation of the need for camera and monitoring systems,
- in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - the staffing plan,
 - the deployment of video monitors, and
 - the resource availability to adhere to the staffing plan.
- The yearly report will be submitted to the division director and the department PREA manager no later than the last working day in March.

Agency Report: The PREA manager will prepare an annual report compiling each facility’s current year’s data and corrective actions.

1. The report will include:

- a comparison with prior year's data,
- corrective actions, and
- an assessment of the department's progress in addressing offender sexual abuse.
- The report will be forwarded to the department director for approval by the first of September.
- The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.
 - The CAO or designee, PREA manager, or department director will indicate the nature of the material edited.
- The department's annual PREA report will be made available to the public on the department's internet website.

Auditor reviewed the aggregated data for 2016. This data broke down PREA cases for each facility in the MDOC. It tracks location, event creation date, date of event, type, agency case number, even number, findings and date case was closed.

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A CTCC does not contract for the confinement of its inmates.

115.87(f) CTCC completes the SSV each year.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III Q pages 24 – 25 state, "Annual Site Report: Each facility will utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March.

2. The report will include:

- identified problem areas,
- recommendations for improvement,
- corrective action taken,
- if recommendations for improvements were not implemented, reasons for not doing so,
- a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
- an evaluation of the need for camera and monitoring systems,
- in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - the staffing plan,
 - the deployment of video monitors, and
 - the resource availability to adhere to the staffing plan.
- The yearly report will be submitted to the division director and the department PREA manager no later than the last working day in March.

Agency Report: The PREA manager will prepare an annual report compiling each facility's current year's data and corrective actions.

2. The report will include:

- a comparison with prior year's data,
- corrective actions, and
- an assessment of the department's progress in addressing offender sexual abuse.
- The report will be forwarded to the department director for approval by the first of September.

- The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.
 - The CAO or designee, PREA manager, or department director will indicate the nature of the material edited.
- The department's annual PREA report will be made available to the public on the department's internet website.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to CTCC.

Auditor reviewed the 2016 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) D1-8.13 Offender Sexual Abuse and Harassment, Section III Q (2d) page 25 states, "The department's annual PREA report will be made available to the public on the department's internet website."

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) D1-8.13 Offender Sexual Abuse and Harassment, Section III Q (2c) page 25 states, "The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director will indicate the nature of the material edited."

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401(a)(b) MDOC currently has twenty-two state operate adult facilities and seven community supervision centers. During the first audit cycle, every state operated prison and community supervision center was audit. The following is a breakdown:

- 2014: 2 state prisons
- 2015: 14 state prisons, 3 community supervision centers
- 2016: 6 state prisons, 4 community supervision centers

For the next audit cycle, MDOC has had 11 state prisons audited in 2017.

115.401(h)(i)(m)(n) During the CTCC audit, the auditor had complete access to every facet of the facility. Every request for documentation was granted. Site Coordinator Scott Weber lead the onsite tour. Assistant PREA Coordinator Adam Albach also participated in the tour. The auditing team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

CTCC provided confidential locations for the auditing team to interview inmates and staff.

CTCC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at CTCC was extremely helpful and polite throughout the entire process.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has published every PREA compliance audit on their website. The audits are arranged by year and are easy to view and navigate.

MDOC's PREA compliance audits can be found by clicking on the "Learn more about PREA" link on the MDOC's home page (<https://doc.mo.gov>). You will then be taken to this page, which contains links to the compliance audits and annual reports: <https://doc.mo.gov/OD/PREA.php>

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document

into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth Copeland

November 22, 2017

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report November 28, 2017

Auditor Information

| | |
|---|--|
| Name: Elisabeth M. Copeland | Email: Elisabeth.Copeland.ks.gov |
| Company Name: Kansas Department of Corrections | |
| Mailing Address: 714 SW Jackson, Suite 300 | City, State, Zip: Topeka, KS 66603 |
| Telephone: 785-291-3074 | Date of Facility Visit: September 14 – 15, 2017 |

Agency Information

| | | | |
|--|-----------------------------------|--|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Missouri Department of Corrections | | State of Missouri | |
| Physical Address: 2729 Plaza Drive, P.O. Box 236 | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: same as above | | City, State, Zip: same as above | |
| Telephone: 573-526-6607 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. | | | |
| Agency Website with PREA Information: https://doc.mo.gov/OD/PREA.php | | | |

Agency Chief Executive Officer

| | |
|--|--------------------------------|
| Name: Anne Precythe | Title: Director |
| Email: Anne.Precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | |
|--------------------------|--------------------------------|
| Name: Vevia Sturm | Title: PREA Coordinator |
|--------------------------|--------------------------------|

| | | | |
|---|-----------------------------------|---|---|
| Email: Vevia.Sturm@doc.mo.gov | | Telephone: 573-522-3335 | |
| PREA Coordinator Reports to: Matt Briesacher, Director of Office of Professional Standards | | Number of Compliance Managers who report to the PREA Coordinator 0 | |
| Facility Information | | | |
| Name of Facility: Fulton Reception and Diagnostic Center | | | |
| Physical Address: 1391 Hwy O, Fulton, MO 65251 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: 573-592-4040 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: | | | |
| Facility Website with PREA Information: https://doc.mo.gov/OD/PREA.php | | | |
| Warden/Superintendent | | | |
| Name: Bill Harris | | Title: Warden | |
| Email: Bill.Harris@doc.mo.gov | | Telephone: 573-592-4040 | |
| Facility PREA Compliance Manager | | | |
| Name: Dan Redington | | Title: Deputy Warden | |
| Email: Dan.Redington@doc.mo.gov | | Telephone: 573-592-4040 | |
| Facility Health Service Administrator | | | |
| Name: DeShaun Wings | | Title: Health Services Administrator | |
| Email: DeShaun.Wings@doc.mo.gov | | Telephone: 573-642-0061 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 1302 | | Current Population of Facility: 1668 | |
| Number of inmates admitted to facility during the past 12 months | | | 7719 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 6575 |

| | | | | |
|---|-------------------------------------|--|-----------------------------|--|
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 7719 | |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 | |
| Age Range of Population: | Youthful Inmates Under 18: 0 | Adults: 18 - 86 | | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 0 | |
| Average length of stay or time under supervision: | | | NA | |
| Facility security level/inmate custody levels: | | | High | |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 412 | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 70 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 9 | |
| Physical Plant | | | | |
| Number of Buildings: 19 | | Number of Single Cell Housing Units: 0 | | |
| Number of Multiple Occupancy Cell Housing Units: | | 8 | | |
| Number of Open Bay/Dorm Housing Units: | | 2 | | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 94 | | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): | | | | |
| Click or tap here to enter text. | | | | |
| Medical | | | | |
| Type of Medical Facility: | | Corizon nursing staff are available 24hours per day. | | |
| Forensic sexual assault medical exams are conducted at: | | Onsite by Corizon Staff | | |
| Other | | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | | | 28 | |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 10 | |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

PRE-AUDIT

A Notice of PREA Audit was sent to Fulton Reception and Diagnostic Center (FRDC) on July 31 2017 via the Site Coordinator, Dan Redington, and the Missouri Department of Corrections Statewide PREA Coordinator, Vevia Sturm. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditor and advised staff and offenders that the onsite portion of the PREA audit will be conducted on September 11 -13, 2017. At this time, this auditor requested that the pre-audit questionnaire (PAQ) be sent no later than August 28, 2017. It should be noted that this audit is being conducted as part of five-state circular audit consortium consisting of California, Kansas, Missouri, Indiana and Louisiana.

On August 23, 2017, this auditor received a flash drive containing FRDC's Pre-Audit Questionnaire. The flash drive contained department and agency policies, curriculum and other supporting documentation. The files were divided up by standard and were easy to read and navigate.

The auditor reviewed the provided documentation and began completing the Auditor's Compliance Tool to determine a baseline for compliance and to formulate questions for the onsite portion of the audit.

On September 7, 2017, a tentative agenda for the PREA audit was sent the Site Coordinator and the PREA Coordinator for MDOC. This agenda outlined the when the auditing would be on site, the types of staff and inmates that would be interviewed and when the audit would conclude. The Site Coordinator was advised of which specialized staff would be interviewed as well as which specialized inmate populations would be interviewed.

The auditor receive one letter from an inmate requesting to speak to the auditing team.

ONSITE

The auditing team spent two days onsite: September 11 -13, 2017

The auditing team consisted of the lead auditor, Elisabeth Copeland, Certified DOJ Auditor, and one support staff, Peggy Steimel, a member of the Kansas PREA team. FRDC Deputy Warden/Site Coordinator Dan Redington greeted the team.

Site Coordinator Dan Redington lead the onsite tour. The auditing team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional

support service information was missing in some of the units and they were quickly replaced by administration. In all living units, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

Immediately after the tour, the Site Coordinator provided the auditing team with staff rosters from all three shifts and provided a list of specialized staff. The auditor then randomly selected from each shift, as well as established times to interview specialize staff. A total of 33 staff were interviewed to include the Warden, Mental Health Staff, Human Resources staff, Chief of Custody, Intake Staff, Investigators as well as random staff from all shifts.

The Site Coordinator provided the auditor with housing unit rosters. In reviewing the housing roster, the auditor randomly selected inmates from each wing for 31 random inmates were selected to be interviewed with two refusing to participate in the audit process. In addition to this number, eleven targeted inmate interviews were conducted for a total of 40 inmates interviewed at FRDC.

The auditor attempted to speak with the inmate who sent a letter; however, it was learned that this inmate is no longer at FRDC.

FRDC provided confidential locations for the auditing team to interview inmates and staff.

FRDC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator was readily available to answer any questions and assist in any way. Staff at FRDC was extremely helpful and polite throughout the entire process.

Prior to the exit interview, the auditor reviewed onsite documentation and discussed results of interviews conducted by Peggy Steimel. We compared notes and reviewed standards. There was an exit interview conducted at the end of the site visit with the Site Coordinator and administrative staff.

POST AUDIT

After the onsite portion of the PREA audit, this auditor reviewed the notes from the tour; all interviews conducted and did another review of the supporting documentation. Work on the final audit report began.

FRDC administration believes that incarcerated individuals have the right to be free from sexual abuse and sexual harassment. This zero-tolerance culture is evident in the policies of the agency, the actions of FRDC leadership during the tour as well as the knowledge the staff demonstrated of PREA. FRDC leadership was quick to respond to any issues the auditing team had in regards to inmate education and the risk-screening tool. They were very open with the auditing team and wanted our input. Staff was able to articulate the agencies coordinated response to sexual abuse and harassment.

The overall theme of the interviews with random inmates included being able explain how to report incidents of sexual abuse and harassment and were able to discuss how they were exposed to PREA education in meeting with their counselors. While some stated they could not remember the PREA

video in its entirety, they did remember receiving something on PREA. All inmates reported they knew that an opposite gender staff announcement was made at the beginning of each shift.

Staff knew their responsibilities to prevent, detect, and respond to incidents of sexual abuse and harassment. Staff was able to articulate the coordinated response to sexual abuse and harassment. They knew to separate the victim from the alleged perpetrator, secure the scene and to contact their supervisor. They stated that all reports would be documented by the end of shift. They also stated that if they received knowledge of someone being in imminent danger they would immediately secure the safety of that individual.

On November 28, 2017, the PREA audit report was submitted to the PREA Resource Center and copies were sent to the Warden and Deputy Warden of FRDC, as well as, the statewide PREA coordinator.

FRDC met all PREA standards and was determined to have exceeded four of them.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Fulton Reception and Diagnostic Center (FRDC) is located in Fulton Missouri. FRDC is a reception and diagnostic facility accepting male inmates assigned to MDOC. .

FRDC consists of 19 buildings and is behind a secured perimeter. Of these nineteen buildings, eight are multiple occupancy housing units, two open bay/dorm style housing units and has one segregation housing unit with 94 cells.

The current population at FRDC is 1,703 adult male offenders with a maximum capacity of 1,302 offenders. Currently several wings have overflow bunks and on the day of the audit, a large open room in the chapel building was being used as temporary housing. During the past 12 months, 7,719 offenders have been admitted to this facility. Of this number, 6,575 who were admitted had a length of stay longer than thirty days. The age range of the current offender populations is 18 - 86 with high custody levels. The average length of stay at FRDC varies as this is a reception and diagnostic facility.

FRDC does not house youthful offenders.

FRDC has 412 employees who have contact with the offender population. This staff is responsible for the security of all areas of FRDC. In addition to its 412 employees, FRDC also has 28 volunteers and individual contractors currently authorized to enter the facility. There are 10 investigators across the State of Missouri assigned the PREA Investigation Unit under the Office of Professional Standards.

FRDC is located within a secure perimeter and just down the road from Cremer Therapeutic Community Center (CTCC). The facility has the official capacity to house 1,302 offenders.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

No standards were exceeded by FRDC.

Number of Standards Met: 45

The following are a list of standards that were met by FRDC: 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator, 115.12 Contracting with other entities for the confinement of inmates; 115.13 Supervision and Monitoring; 115.14 Youthful Inmates; 115.15 Limits to cross-gender viewing and searches; 115.16 Inmates with disabilities and inmates who are limited English proficient; 115.17 Hiring and promotion decisions; 115.18 Upgrades to facilities and technologies; 115.21 Evidence protocol and forensic medical examinations; 115.22 Policies to ensure referrals of allegations for investigations; 115.31 Employee training; 115.32 Volunteer and contractor training; 115.33 Inmate Education; 115.34 Specialize training: Investigations; 115.35 Specialized Training: Medical and mental health care; 115.41 Screening for risk of victimization and abusiveness; and 115.42 Use of screening information, 115.43 Protective Custody; 115.51 Inmate reporting; 115.52 Exhaustion of administrative remedies; 115.53 Inmate access to outside confidential support services; 115.54 Third-party reporting; 115.61 Staff and agency reporting duties; 115.62 Agency Protection Duties; 115.63 Reporting to other confinement facilities; 115.64 Staff first responder duties; 115.65 Coordinated response; 115.66 Preservation of ability to protect inmates from contact with abusers; 115.67 Agency protection against retaliation; 115.68 Post-allegation protective custody; 115.71 Criminal and administrative agency investigations; 115.72 Corrective actions for contractors and volunteers; 115.78 Disciplinary sanctions for inmates; 115.81 Medical and mental health screenings; history of sexual abuse; 115.82 Access to emergency medical and mental health services; 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers; 115.86 Sexual abuse incident reviews; 115.87 Data collection; 115.88 Data review for corrective action; 115.89 Data storage, publication, and destruction; 115.401 Frequency and scope of audits; and 115.403 Audit contents and findings.

Number of Standards Not Met: 0

There were zero standards not met by FRDC.

Summary of Corrective Action (if any)

No corrective action for FRDC at this time.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11(a) FRDC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A) (2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy, the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This outline can be found starting on page 6 and ends on page 27.

This same policy also includes specific definitions of offender –on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment. All definitions are in accordance with the national standards.

FRDC also has an additional policy that addresses zero tolerance towards all forms of sexual abuse and sexual harassment. (See D1-8.6 Offender Physical Abuse, Section III (A) (2), page 5: "The department has zero tolerance for all forms of offender abuse and retaliation." In III (A) (8) page 6 it further states, "Failure to report that an offender has been abused is a class A misdemeanor."

In addition to this policy, IS19-1.1, "Conduct Rules and Sanctions," Section II (N) Rules of Conduct (7), page 3, defines Forcible Sexual Misconduct: 7.1 Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity. On page 9 of this same policy, it states, "The first 9 conduct violations rules (1-9.4) shall be considers major conduct violations. Major conduct violations shall normally result in more severe sanctions than other violations. Any conduct violations, under unusual or extreme conditions, may be considered a major violation if so recommended by the adjustment board and approved by the warden/designee."

The auditor also reviewed the employee handbook. On page 20, "Offender Abuse and Sexual Contact with an Offender," it states, "...A person commits the crime of offender abuse by knowingly injuring the physical well-being of an offender by beating, striking, wounding or by having sexual contact with an offender. Offender abuse is a class C felony, which carries a maximum sentence of incarceration of seven years." It goes on to state "When any employee of the Department has reason to believe that an offender has been abused, the employee must immediately report all pertinent details in writing to the Department Director. Failure to report offender abuse is a class A misdemeanor."

Through the tour of the facility, the auditor noticed signage clearly posted in every living unit, recreation areas, dining halls and entrance to the facility that states sexual abuse is not tolerated at FRDC. Signage also includes ways offenders and families could report such abuse.

115.11(b) Missouri Department of Corrections (MDOC) has designated an upper-level, agency wide PREA Coordinator. This position is required per policy D1-8.13, Offender Sexual Abuse and

Harassment, Section III (A), (4), page 5. The position of the PREA Coordinator is listed in the MDOC's organizational chart and reports to the Director of office of Professional Standards.

NOTE: D1-8.1 Office of Professional Standards, effective July 1, 2017, Section III (E) (3) (a), pages 8 – 9, states, "Prison Rape Elimination Act (PREA) Unit: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee, shall ensure the allegation is forwarded to the PREA Unit within 2 business days of receipt."

This unit is supervised by the PREA Coordinator and has its own investigators. This allows the PRE Coordinator to be more involved in the PREA process statewide and to ensure proper implementation of the National PREA Standards.

115.11(c) In addition, FRDC has also designated the Assistant Warden as the PREA compliance manager (Site Coordinator). This position is also listed in the facility's organizational chart and reports directly to the Warden of FRDC. This position is required per policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (A) (6), page 6. This same policy also defines a PREA Site Coordinator as "A facility employee at the level of deputy warden or associate superintendent or higher; who is responsible for ensuring compliance of the PREA standards at his assigned facility."

The Site Coordinator feels he has sufficient time to ensure that FRDC maintains compliance with the PREA Standards. In addition, the Site Coordinator also has the authority to address any compliance issues that arise.

While onsite, the auditor was able to obtain a copy of the facility's organizational chart. This chart designates the Site Coordinator as a member of upper-level manager of FRDC.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☐ No ☒ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12(a) N/A FRDC does not contract with private agencies or other entities for the confinement of inmates.

115.12(b) N/A FRDC does not contract with private agencies or other entities for the confinement of inmates.

NOTE:

It should be noted that FRDC's parent agency, Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of inmates. The MDOC requires any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III A (10), page 6, states, "All community confinement facilities will adopt and comply with PREA standards as outlined in their contract with the department. The CAO or designee will regularly audit community confinement facilities to ensure compliance with the PREA standards. The department may enter into an entity that fails to comply with the PREA standards only in emergency circumstances. In such cases, the department will document its unsuccessful attempts to find an entity in compliance with the PREA standards."

FRDC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages

in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

On page 12, the RFP also discusses PREA audit requirements, PREA reviews by MDOC, required staffing patterns as well as the requirements for specific PREA policies.

FRDC provided examples of PREA audits that have been conducted at MDOC's contracted placements (Center for Women in Transition –Schirmer House, Heartland Center for Behavior Change, Metropolitan Employment and Rehabilitation Services (MERS), and Reality House Programs, Inc.) during the first audit cycle.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring?

☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13(a) MDOC requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against abuse. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (11) (12), page 6 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

In 2009, the MDOC Division of Adult Institutions established Correctional Officer staffing patterns for all facilities noting minimum staffing for all posts. The Division of Adult Institutions operates with an overall ration of one officer to six offenders, (1:6). MDOC follows National Institute of Corrections suggested methods of calculating staff needs per post. The ratios of supervisory staff to corrections officer and other staff is as follows: One to seven (1:7) Sergeants to Corrections Office I and a one to three (1:3) Lieutenant to Sergeants.

In regards to the staffing plan the warden states, "Staffing is our most valuable resource and it undergoes a yearly review. Central Office determines our numbers and we work within that parameter."

The Site Coordinator states, "With staffing ratios being set by Central Office, it is the guideline that we, at the facility level, have to go by."

RECOMMENDATION: The Division of Adult Institutions should update their statewide staffing analysis to reflect the current organizational culture in Missouri. Staffing is affected by numerous factors including classification systems, division of labor among facilities, methods of operation, service delivery, inmate programs and activities, budget process and current budgets for each facility, the status of facility physical plants, and policies and procedures relatives to personnel, security, and security staffing. All of these factors have undergone changes since 2009.

115.13(b) N/A FRDC has had no circumstances where there were deviations from the staffing plan.

FRDC stated, "FRDC has had no incident when minimum staffing was not achieved."

115.13(c) FRDC provided a copy of a memo from Dave Dormire, Director of Division of Adult Institutions to the statewide PREA Coordinator with FRDC's Chief of Custody being carbon copied. The memo, dated July 24, 2015, reads, "This is in response to the Division's compliance to PREA Standard – 115.13 Supervision and monitoring. In regards to our staffing, the division continually reviews our staff planning to provide adequate staffing levels and we currently have no significant changes. If any one of the below eleven components would change, it would trigger a review of our staffing plan. Thank you."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed the facility's 2016 and 2015 Camera Evaluation and Staffing Evaluation meeting minutes. These minutes covered the evaluation of camera and monitoring systems. They outlined the needs of FRDC when it comes to camera coverage and PREA. The Staffing Evaluation minutes discussed deficiencies and ways to improve offender safety.

Auditor reviewed FRDC's calendar year 2015 and 2016 annual reports. These reports incorporates the review PREA cases, overview of the facility's handling of PREA cases (to include any corrective action the facility implemented), evaluation of monitoring systems as well as the staffing plan. The next report will be completed by December 2017.

RECOMMENDATION: Be sure to include information on the composition of the offender population at FRDC as well as any programs that may be happening on each shift. This information will also help identify gaps in your staffing plan, as well as strengthen your requests for additional staff.

115.13(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III A (13) page 6, states, "Each institution will ensure the classifications of lieutenant or above conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Each facility will ensure that rounds occur periodically in all areas of the facility. Staff member will be prohibited

from alerting other staff members that these rounds are occurring. The rounds will be documented and readily accessible during the audits as outlined in the facility's standard operating procedure."

Policy IS20-1.1 Post Orders, Section III (B)(4), pages 2-3, of this same policy states, "The chief administrative officer (CAO) of each institution shall: ensure post order of supervisory custody staff member includes language that requires conducting unannounced supervisor rounds, and requires supervisors to record said rounds on the staff member sign-in form; ***SOP: Due to being one housing unit, FRDC does not use the staff member sign-in form, shift supervisors will record their unannounced rounds on their security inspection form. Unannounced supervisor rounds shall occur periodically on each shift in all areas of the facility, establish a standard for which the chief of custody audits the post sign-in forms verifying the completion of conducted unannounced supervisor rounds. ***SOP: Each week, the shift supervisors will submit their security inspection form to the chief of custody, which will include their unannounced supervisor rounds. Ensure all staff member post order include a general order prohibiting staff members from alerting each other that unannounced supervisor rounds are occurring, unless such announcement is related to legitimate operational functions of the facility."

Post Order PO-02, Chief of Custody, (19) page 2, states "Conduct security inspections as indicated by the Chief of Custody/Shift Supervisor Inspection Schedule. Record the inspection results on the Shift Supervisor Weekly Institutional Inspection Worksheet and submit it to the chief of custody by the end of the assigned week. Items to check are the fire hazards, cleanliness, safety/security issues, etc. Conduct impromptu supervisory rounds to ensure offender safety. Record these rounds (area, date, time) on the Shift-Supervisor Weekly Institutional Inspection Worksheet in the PREA Rounds section of the form. The facility prohibits staff from alerting other staff when supervisory rounds are being conducted."

FRDC provided seven months of examples of "Monthly Area Check Board" forms in their pre-audit documentation that demonstrated unannounced rounds by supervisors in January – July 2017. These covered all shifts and were from multiple housing units.

One upper level FRDC supervisors was interviewed. All indicated that all rounds and inspections are done per FRDC SOP. He stated, "The board will have the date the area was visited and the HU will chrono the visits as security checks."

When asked about the consequences for staff alerting other staff that supervisors were making rounds He stated, "People are used to it (unannounced supervisor rounds) so it is second nature here. If they do let other staff know, I will talk with them. An informal corrective action is taken."

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units, does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units, does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC does not house youthful inmates. However, with FRDC being a Reception and Diagnostic Center, youthful inmates will be admitted to MDOC through this facility.

While FRDC does not house youthful inmates, its parent agency, MDOC does. The following information is how MDOC complies with 115.14.

115.14(a) (b) Policy D1-8.13, Offender Sexual Abuse and Harassment, defines a youthful offenders as, “An offender under the age of 18 that has been adjudicated as an adult by the courts and sentenced to the department.” This policy also states in Section III C4, page 10, “A youthful offender will not be placed in a housing unit in which he will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Staff members will avoid placing youthful offenders in isolation to comply with this provision. If sight and sound separation is not possible, staff members will provide direct supervision. Staff members will provide direct supervision when youth and offenders may have unavoidable contact. General population youthful offenders will be housed separate from offenders 18 years and older in accordance with the institution's standard operating procedure for the offender housing assignments.”

IS5-3.1, Offender Housing Assignments, Section III, (A)(2)(f), page 2, states “Youthful offenders will only be housed with other youthful offenders (standard operating procedures (SOP) will be developed to specify how such housing assignments will be made.”

SOP 5-1.1 Diagnostic Center Reception and Orientation, Section III A (7), pages 506 states, “***SOP: When a youthful offender (any offender under the age of 18) is brought into the receiving unit, the shift commander will be notified. The offender will be placed in a holding cell until such time as an officer can be assigned to escort him. The receiving hallway will be cleared of all other offenders until the youthful offender has completed the intake process...”

Missouri law also requires this: Chapter 217, Department of Corrections, Section 217.345 (2) (3), dated August 28, 2016 states, “Correctional treatment programs for offenders who are younger than eighteen years of age shall be established, subject to the control and supervision of the director. By January 1, 1998, such programs shall include physical separation of offenders who are younger than eighteen years of age from offenders who are eighteen years of age or older. The department shall have the authority to promulgate rules pursuant to subsection 2 of section 2.17.378* to establish correctional treatment programs for offenders under the age of eighteen. Such rules may include: Establishing separate housing units for such offenders and providing housing and program space in existing housing units for such offenders that is not accessible to adult offenders.”

115.14(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Youthful offenders who are placed in segregated housing, assigned to disciplinary segregation, or to the infirmary will only be housed with another youthful offender or in a single cell in accordance with the institutional services procedure regarding administrative segregation confinement. To the extent possible, youthful offenders will have access to work, programs, and/or activities in accordance with department and institutional services procedures.”

NOTE: FRDC transports all youthful offenders to Farmington Correctional Facility immediately after the intake process is completed. FRDC's PAW provided four examples of youthful offenders entering FRDC, being escorted through the intake process and then being transferred to Farmington.

While onsite, the auditor obtained three more examples of youthful offenders entering and then leaving FRDC. The auditor reviewed documentation showing the dates and times the youthful offenders entered FRDC and left FRDC.

While touring FRDC's receiving center, the auditing team was walked through the intake process if FRDC receives a youthful offender.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15(a) FRDC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of inmates. In the past twelve months, there has been no cross-gender strip or cross-gender visual body cavity searches of inmates.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (E) (1), page 12 states, "Cross-gender strip searches are not allowed except in exigent circumstances. All cross-gender strip searches will be documented as outlined in the department, institutional services and probation and parole procedures regarding searches."

Policy IS SOP 20-1.3, "Searches", Section III C (2) (d) (1) page 7, states, "Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons."

In the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

115.15(b) N/A FRDC is a male only facility.

116.15(c) Policy IS SOP 20-1.3, "Searches," Section II C (2) (A) (1), page 7 also states, "Staff members will document a cross gender strip search on the cross gender search form. The shift supervisor will make all applicable notifications in accordance with standard operating procedures and forward the cross gender search form to the PREA site coordinator and include a copy to the use of force packet if applicable. The PREA site coordinator shall review the cross gender search form. If it is determined the search was conducted under non-exigent circumstances, it will be referred for review and action as deemed appropriate. The PREA site coordinator will maintain the cross gender search form and supporting documentation as deem appropriate."

In the past 12 months, there have been no cross-gender strip searches or cross-gender visual body cavity search.

115.15(d)

Policy D1-8.13, "Offender Sexual Abuse and Harassment", Section III E (2) page 12 -1 3 states, "Offenders will be allowed to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttock, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with divisional and institutional services procedures and community supervision and community release centers procedures regarding searches. Offenders will be allowed to shower, perform bodily functions, and change clothing without non-medical staff members of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances, or when such viewing is incidental to routine cell checks in accordance with department, institutional services, and probation and parole procedures regarding searches. Staff members of the opposite gender will announce their presence prior to entering an offenders housing unit. If an opposite gendered staff member is assigned to the housing unit, the announcement will be made at the beginning of the shift. If there is no opposite gendered staff member assigned to the housing unit, an announcement will be made each time an opposite gendered staff member enters the housing unit. Each time a cross gender announcement is made it will be recorded in the housing unit chronological log. If a circumstance arises to where a cross gender announcement could comprise the safety, security, and good order of the facility, the shift supervisor may declare the circumstances to be exigent and grant the authority to waive the announcement. All exigent circumstances will be documented by the shift supervisor in the chronological log. To notify hearing impaired offenders of cross gender staff in the housing unit, all housing units should display a sign indicating when a cross gender staff member is present. If a staff member of the opposite gender is required to venture past privacy barriers, and no exigent circumstances exist, the staff member will verbally announce their presence to the offenders and allow the offenders to seek privacy from the staff member viewing the offender's buttocks, breast, or genitalia. "

Auditor reviewed memo dated July 15, 2013 addressed to all wardens from Dave Dormire, Director of Division of Adult Institutions, regarding "PREA Privacy Barriers." The memo states, "During the May 2013 DAI Staff meeting, discussion occurred on installing privacy barriers/screens in order to comply with PREA standards. I appreciate your review and analysis of this matter. Be advised that you should move forward with installing privacy screens/barriers and have them installed by August 18, 2013. If you do not have sufficient institutional funds to install permanent privacy screens/barriers, you may install temporary privacy screens/barriers. It is my intent to request a new decision item to cover costs associated with PREA implementation, which could include cost to install permanent privacy screens/barriers. Thank you."

FRDC has had no exigent circumstance that have prevented cross-gender announcements in the past 12 months.

While onsite the audit requested housing logs for September 9 - 10 2017 from HU3, HU7, HU5. Each log demonstrated that cross-gender announcements were made. Additional logs for September 4, 2017, August 29, 2017 and August 31, 2017 were also received and viewed.

Thirty-one random inmates were selected to be interviewed using the random inmate interview protocol. However, only 29 inmates consented to be interviewed. Every inmate interviewed stated that they were never naked in front of staff. The majority of the inmates stated that a "PREA announcement" was made at the beginning of each shift stating that male and female staff will be on duty and to use privacy barriers.

Fifteen random staff were selected to be interviewed using the random staff interview protocol. Every staff person interviewed echoed the reports the auditing team received from the inmates. Staff reported that inmates were never naked in front of staff and they had privacy to shower and use the restroom. The reported that a PREA announcement was made at the beginning of every shift. They also reported that a sign announcing a female on duty would be posted if there were hearing impaired inmates in the housing units.

NOTE: While on the tour of FRDC, several housing units pointed out the sign they would display in the control center letting hearing impair inmates know that female staff would be on duty.

115.15(e) The facility has a policy prohibiting staff from searching or physically examining transgender or intersex inmate for the sole purpose of determining the inmate's genital status. The policy D1-8.13, Offender Sexual Abuse and Harassment, Section III, (E) (3), page 13 states, "Staff members will not perform strip or pat-down searches or conduct physical examination for the sole purpose of determining an offender's genital status in accordance with the institutional services procedures regarding searches, reception and orientation, and receiving screening intake center."

This is also prohibited in policy IS & SOP 11-34.1 Health Assessment and/or Physical Examination at Reception, page 5 and in IS & SOP 20-1.3 Searches, page 16. This policy reads, "The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, by reviewing medical records, or, if necessary, by learning the information as part of a broader medical examination conducted in private by the responsible physician."

Currently FRDC has zero transgender or intersex inmates housed at the facility at the time of the onsite portion of the audit process.

Staff interviewed stated that no inmate would be searched to determine their genital status. All 100% of staff interviewed stated this was not allowed at FRDC.

While onsite the auditor was provided a memo dated May 9, 2017 from intake to the site coordinator notifying him that a transgender inmate had entered FRDC. This memo indicated that supervisors were notified of this event and that the transgender inmate was escorted through the intake process to secure their safety.

115.15(f) Training requirements for cross-gender pat down searches of transgender and intersex offenders can also be found in D1-8.13 Offender Sexual Abuse and Harassment, Section E (4) page 13. This policy states, “Staff members shall be trained in how to conduct cross-gender pat-down searches of transgender and intersex offenders in a professional and respectful manner and in the least intrusive manner possible as consistent with security needs.”

Auditor reviewed MDOC statewide lesson plan titled Institutional Searches dated October 2014. Instructions from cross-gender searches can be found on pages 13-14; the lesson plan reads, “As stated before, pat searches are preferable if conducted by same gender staff, but that is not always practical and a cross-gender search must be conducted. The cross gender search is comparable to a same gender pat search but when performed the officer will utilize the back of the hand to search the following areas: 1) chest or breast area, 2) sides, 3) armpits, 4) lower abdomen, and 5) buttocks. Please note a male officer search a female offender will only occur during an exigent circumstance. Policy IS20-1.3 states that an exigent circumstance is any set of temporary unforeseen circumstances that require immediate action in order to combat a threat to the security or institutional order of a facility.” At this point of the lesson plan, participants watch two training videos: “Thorough Female on Male” (7:40 minutes) and “Thorough Male on Female” (7:58 minutes).

Transcript for the Thorough Female on Male Pat Searches can be found on pages 16-17; the lesson plan reads, “Have the offender face you and have them open their mouth while examine it for contraband. Have the offender show you the front and back of their hands. Have the offender remove any loose braids or bunched hair and have the offender lean forward, as they run their hands/fingers through their hair for visual inspection. If the offender does not provide you with an acceptable inspection you may, with the use of protective gloves, search the offender’s hair. Have the offender show you the front and backs of their hands again; this will help prevent the movement of contraband between these areas. Have the offender turn around and approach the offender from behind, positioning yourself in a defensive stance at approximately 45 degrees angle. Instruct the offender to place their feet shoulder width or wider apart. Before you begin your search, you must also remember to keep a visual on the offender and be mindful of your safety. Whenever searching an offender, no matter the gender, it is important to always be in a defensive stance and keep one hand placed on the back, shoulder or lower back of the offender. By keeping your hand on the offender, you have a quicker reaction time to any sudden movements and the possibility of the offender becoming violent. Begin your search at the collar sliding the hand over the material. Using the palm of the hand, search the shoulder area and proceed along the top of the arm to the end of the shirtsleeve. Upon reaching the end of the sleeve, use the back of the hand to search the underside of the arm. Slide the back of the hand along the under arm to the armpit. Using the back of the hand, slide it down to the offender’s waist. From the armpit, use the back of your hand and search down the offender’s side to the waistband. At the waistband, rotate the hand while simultaneously sliding it along the offender’s waistband until the fingers come to rest in the center of the back just above the waistband.”

Auditor also reviewed the Divisional Searches Manual distributed by the Missouri Department of Corrections Training Academy to all new staff. This manual includes diagrams and step-by-step instructions on how to conduct proper pat searches. This manual is dated October 2014.

Staff stated they were trained to conduct cross-gender pat searches and pat searches on transgender inmates during their Basic Training and, again, through their CORE training. (**NOTE:** Core training is a series of annual trainings that every staff member must attend.)

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has established procedures to provide disabled inmates and inmates with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

115.16(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6 page 10 states, "The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders,. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

Policy D5-5.1, Deaf and Hard of Hearing Offenders, Section III (G) (1), page 6 states, "Qualified interpreters shall be made available for offenders who are hard of hearing and use sign language under the following qualifying circumstances...formal investigations conducted by department staff to include PREA related claims."

D5-5.2 Disabled Offenders, Section III D (a, page 5, states, "The identification process will be an interactive process which will include staff observations, offender reports, and/or medical assessment of an offender's disability. All newly received offenders will be screened at the reception and diagnostic centers by reception and orientation staff during the diagnostic evaluation process. If an offender appears to have or claims to have a disability, he will be provided with the Notice of Rights for Offenders with Disabilities (Attachment B).

FRDC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish.

Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Auditor reviewed the following contracts for sign language interpreters and verbal language interpreters:

- Sign Language Interpretation Services -- April 1, 2016- March 31, 2018
- Verbal Language Interpretation Services – July 1, 2015 – June 30, 2018

PREA posters were located throughout the facility in English and Spanish.

Currently, there are not inmates who are limited English deficient.

FRDC also had one inmate who was identified as someone who has physical disability. In talking with this inmate, he did not require a PREA report and was able to communicate effectively with the auditing team.

NOTE: It should also be noted that as part of all institutional basic training, staff receive a two-hour course on special needs offenders. This course focuses on comparing and contrasting individuals with mild or moderate intellectual disabilities, learning disabilities, and emotional

problems. Staff will assess potential problems from these impairments, predict how staff might be affected and learn techniques that facilitate learning and effective communication.

115.16(c) Policy D5-5.1, Deaf and Hard of Hearing Offenders, reads, “The deaf or hard of hearing offender shall be offered the assistance of qualified interpreters and have other auxiliary aids expressed to them during the diagnostic process. The methods for requesting accommodations or modifications shall be reviewed with the offender. Deaf or hard of hearing offenders shall be advised of the request for reasonable accommodation from and how to obtain it. The waiver of certified and licensed interpreter will be reviewed with the offender. Medical staff shall complete the medical verification section of the request for reasonable accommodation form and consult with the caseworker and the Americans with Disabilities Act site coordinator to determine the appropriate accommodations for the offender.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III G (2 page 15 states, “Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender’s safety, the performance of first responder duties, or the investigation.”

In regards to conducting the risk assessment tool this same policy states in Section III C (1) (e) page 9, states, “Offender interpreters or offender readers will not be utilized.”

Staff interviewed reported that inmate interpreters were never used for a PREA allegation. They were aware that a staff interpreter is available and would be available if needed.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has several policies in place that prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 states, "Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender in a prison, jail, lockup, community confinement facility, juvenile facility, or other institutions; has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse; or, has been civilly or administratively adjudicated to have engaged in sexual activity by force, overt or implied threats of force, coercion, or if the victim did not consent or was unable to consent or refuse."

A blank copy of the application for employment for FRDC was provided to the audit team. The audit team was able to locate these three questions:

- While working or volunteering at this facility, were you terminated or otherwise disciplined or counseled for sexual contact with or sexual harassment of an inmate, detainee or resident of the facility?
- Have you pled guilty to or been found guilty of engaging in sexual activity or attempting sexual activity involving force or inflicted upon a person unable to give consent?
- Have you been found to have engaged in sexual activity or attempted sexual activity involving force or inflicted upon a person unable to consent, by a civil or administrative body? This includes actions taken upon a professional license or a professional registry and any internal administrative investigation results.

FRDC provided pre-audit documentation of background checks done on eighteen new hires and vendors who will have contact with offenders.

While onsite, the auditor reviewed a log of new hires and contractors from August 8, 2016 – September 5, 2017 and the corresponding date background checks were completed.

115.17(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (2) page 7 further states, “Department staff members shall consider any incidents of sexual harassment in determining whether to hire or promote any person or enlist the services of any contractor...”

The HR Administrator advised when asked about considering any incidents of sexual harassment when hiring or promoting staff stated, “Yes, we do. We also have them complete a reference check.”

On the copy of the blank application (appendix 1) given to the audit team it reads, “Effective August 2013, the Department of Corrections must be compliance with final standards implementing the Prison Rape Elimination Act (PREA), issued by the U. S. Department of Justice. The following questions are being asked of all applicants who may have contact with offenders as part of their regular job or volunteer duties.” (The questions listed are cited under documentation for 115.17(a).)

115.17(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, also states, “Before hiring new employees the human resources staff members or designee shall perform a criminal background records check and contact all prior institutional employers when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The HR Administrator advised, “Yes, we go through MULES for new hires and for promotions. Corizon does their own checks on contracted staff.”

115.17(d) D2-2.2, Background Investigations, defines a staff person as any person who is employed by the department on a classified or unclassified basis (permanent, temporary, part-time, hourly, per diem) and are paid by the State of Missouri’s payroll system; contracted to perform services on a recurring basis within a department facility (such as medical services, mental health services, education services, vocational services, substance abuse services, etc.) pursuant to a contractual agreement and has been

issued a permanent department identification card; a volunteer in corrections; a student intern; or issued a permanent departmental identification or special access card or special access in accordance with department procedure regarding staff identification.”

FRDC provided examples of background checks done on contractors with their pre-audit documentation.

While onsite, the auditor reviewed a log of new hires and contractors from August 8, 2016 – September 5, 2017 and the corresponding date background checks were completed.

The HR Administrator advised, “Yes, we go through MULES for new hires and for promotions. Corizon does their own checks on contracted staff.”

115.17(e) D2-11.14 Annual Employment Requirements reads, “Each calendar year, in the month following each staff member’s birth month, specific employment requirements verifications should be conducted; a criminal history check shall be conducted to include outstanding warrants...” The policy goes on to read, “Criminal history checks will be conducted and will consist of a query through the Missouri Uniform Law Enforcement System (MULES), and the National Criminal Information Center (NCIC) system. Staff members conducting the Missouri Uniform Law Enforcement System and National Criminal Information Center checks will document the name and title of the requestor and the reason for the request on the criminal history record log/printout. When adverse findings are not, the CAO will be notified and copied on the criminal history printout.”

Policy D2-2.2 Background Investigations reads, “A check will be conducted on the active employee through Central Office Human Resources to inquire if there has been any formal discipline for substantiated allegation(s) of sexual abuse and/or harassment of an offender or resident. All sustained allegations will be considered by the department before an employee is considered for other appointments.”

While onsite, the auditor requested to see annual background checks being conducted on all employees with the birth month of August. The auditor was provided a log sheet of eight employees born in August and the corresponding annual background check with MULES for the month of August 2017.

The HR Administrator stated, “We do yearly background checks on current employees through MULES. Central Office is responsible for those checks.”

115.17(f) The auditor also reviewed the employee handbook. On page 18, “Employee Conduct – Reporting Criminal Misconduct (Arrest)” states, “Employees who are arrested or charged with a criminal offense must immediately notify the chief administrative officer or highest ranking staff member available. In this context, immediate means as soon as possible but no later than the beginning of the next shift worked by the employee. Employees are required to report arrests and charges for all felonies and any misdemeanor, except a minor traffic violation.”

On page 45 of the employee handbook, “Employee Discipline,” it states, “Appointing authorities of the Department are authorized by state law to discipline employees. Disciplinary action may consist of a written reprimand, suspension, demotion, or dismissal. The appointing authority may discipline an employee based upon unsatisfactory performance of job duties or misconduct...In addition to these actions while on duty, an appointing authority may discipline an employee for off duty misconduct, especially misconduct that is unprofessional or criminal. Employees who have been charged with a criminal offense may be suspended while the charge is pending.”

HR Administrator reported that all employees have a duty to report. She adds, "Failure to report will result in termination."

115.17(g)

Policy D2-2.2 Background Investigations, Section III A (5) (a) page 3 states, "Falsification of any employment application may be grounds for disciplinary action in accordance with the department procedure regarding discipline and/or disqualification for consideration of the position. False information regarding substantiated allegation of offender or resident abuse and/or harassment on employment applications shall be grounds for termination."

115.17(h) Policy D2-5.1 "Maintenance of Employee Records", page 7, Section (III)(K)(3) states, "A verification of information, other than public information, will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of an offender or resident during employment by the department. Such information will be obtained by contracting central office human resources."

HR Administrator stated, "We refer them to Central Office for PREA checks on former employees."

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.18(a) N/A FRDC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. FRDC last PREA audit was May 2015.

115.18(b) FRDC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since their last PREA audit. FRDC's last PREA audit was May 2015.

FRDC provided meeting minutes from December 2016 discussing cameras and video monitoring systems at the facility.

Tour: Cameras were placed in the hallways, stairways, gym and dayrooms. With this camera placement along with direct supervision of the staff, there are reduced blind spots and enhanced the safety of the offenders housed at this facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☐ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through

(e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at FRDC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners, where possible, conduct all exams. If they are not available, qualified medical professionals conduct the exams.

Qualified Staff who are trained as victim advocates are made available to all victims.

115.21(a) Auditor reviewed FRDC's "Evidence Procedure Manual." Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received."

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDCO. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon. On pages 42 and 43 of the contractual requirements, it reads, "Corizon will comply with the Prison Rape Elimination Act of 2012 and will follow and enforce the MDOC's D1-8.14 Offender Sexual Abuse and Harassment policy with the assurance that access to medical and behavioral health care will be provided immediately, upon report or discovery, to victims of sexual misconduct. Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

All staff interviewed were aware of the coordinated response and was able to walk through the steps from separating the victim from the perpetrator and to not allowing any of them to shower, take a drink, change clothes, etc.

Staff were also aware that investigators from the Central Office PREA Unit conducts all sexual abuse investigations.

115.21(b) Evidence collection is based on nationally recognized protocols for collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations." The State PREA Coordinator reports, "We didn't use a specific source; we follow the national standards based on training received." The State Coordinator also reports this protocol is appropriate for youth.

115.21(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (G) Health Services Care, pages 17 – 20, states "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks or vulva, of any kind, however, slight, by hand finger, object instrument or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation, hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether or not the victim will be sent off site for a forensic exam. For investigative purposes, the investigator may choose to have the victim sent out for a forensic exam."

Corizon has trained several of their nurses to conduct SANE exams in specific regions of Missouri. To date Corizon has 32 certified SANE nurses – FRDC has one of these nurse assigned to the facility. The auditor reviewed the following information from the SANE Planning and Implementation Team Report:

“The SANE Planning and Implementation Team was impaneled to ensure the agency’s coordinated response to sexual abuse is revised, staff from all divisions are aware of their role and responsibility when responding to allegations of sexual abuse and that the SANE protocol is successfully implemented in prisons across the state.

SANE Nurses:

- Corizon will maintain a list of SANE nurses by region: Northwest, Central and Southeast. The PREA Unit will post the most recent listing on the PREA intranet page and email the list to the facilities.
- All SANE nurses will be issued a “Special Access” identification to alert security staff that the nurse as been approved for work at multiple prisons.
- When arriving at a prison to conduct a forensic exam, the SANE will have a clear tote, which contains materials necessary to conduct the forensic exam. The tote will have a laminated list of its contents on the top of the tote. The PREA Unit will post the most current list of the SANE tote contents on the PREA intranet page and email the list to the facility.
- Consent from the victim is required to conduct a forensic exam. If the victim does not consent to the exam, the victim will receive be offered medical, mental health and advocacy services. The investigation will proceed.
- The SANE will conduct the forensic exam, which includes details of the abuse, digital photographs of any injuries noted during the exam, collections of biological evidence utilizing a sexual assault evident collection kit and the completion of the State of Missouri’s Sexual Assault Forensic Examination Program Report.
- It should be noted, that SANE Nurses will only collect forensic evidence from victims. Evidence from a perpetrator will be collected by the Office of the Inspector Gender by consent or court order.
- In the unlikelyhood that a staff person is the perpetrator, the victim will be transported to a community hospital for the forensic exam.

Forensic Exams and Security:

- If a victim is escorted to medical in handcuffs, the handcuffs will be removed unless the victim’s behavior appears to present a safety concern for medical staff. In such a case, the shift commander has the discretion to require the offender to remain in cuffs during the procedure.
- Privacy screens will be utilized during the forensic exam. The screen will afford the victim a degree of privacy while still allowing officer to hear and provide security during the procedure.

Flow of events:

- An offender makes an allegation of penetration.
- The shift commander is immediately notified and the coordinated response is initiated. Shift commander notifies the following staff by phone: CAO of the facility, CO Duty Officer, Investigator and PREA Site Coordinator.
- The offender is escorted to medical.
- If the event is alleged to have occurred within 120 hours, the offender has not showered or a forensic exam is otherwise indicated, the SANE protocol will be initiated.
- Medical will ensure the on call SANE nurse is notified and request the nurse’s ETA. The SANE is required by policy to report to the facility within 3 hours of notification.

- Medical will communicate with the shift commander the name of the SANE nurse and the nurse's ETA.
- Shift Commander will notify the investigator, mental health staff and the advocate of the ETA of the SANE nurse.
- Where applicable, the community advocate will be notified. If the community advocate is unavailable, the chaplain on rotation will be call to report to the facility.
- The advocate will provide support to the offender prior to the forensic exam and during if requested.
- The investigator will conduct a brief fact gathering interview with the victim prior to the exam.
- Following the forensic exam, the victim will be assessed by mental health.
- The SANE nurse will give the camera to the investigator who will transfer the photos taken of the injuries noted during the exam to DVDs for the medical file and the investigative file.
- The SANE nurse will provide the investigator copies of all reports completed during the exam."

Effective September 1, 2016, cases involving the need for a forensic exam will no longer be out counted.

NOTE: Forensic exams will be conducted on-site for offender on offender sexual abuse cases. Forensic exams will be conducted at an outside facility if a staff member is the perpetrator. FRDC's designated SANE/SAFE hospital is:

University of Missouri Hospital
1000 Hospital Drive
Columbia, MO 65201

In the past 12 months, FRDC has no incidents where SANEs were required.

115.21(d) FRDC currently does not have a memorandum of understanding with a local rape crises center. They provided emails with True North Crisis Center, who declined to participate in an MOU, with the pre-audit documentation.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III M (1) (b) page 22, states, "If a facility is unable to enter into a memorandum of understanding with the advocacy center, the attempt will be documented and advocacy services will be proved by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders shall receive victim advocacy training for sexual assault advocates. All services provided by staff victim advocates to offender victims shall be afforded a level of confidentiality consistent with the safety and security of the institution."

Auditor reviewed curriculum "The Nature and Dynamics of Sexual Violence," created by the Missouri Coalition Against Sexual and Domestic Violence (MDASDV) and provide to qualified staff members.

Auditor was also provided a blank consent form, "Consent for Facility Advocacy Services," that must be signed by the offender.

The Site Coordinator stated, "We have nothing with the community as the PREA Unit was unable to reach an agreement with them. We do have on onsite PREA advocate. If he is not available, we would then reach to for assistance with an advocate."

Currently, there is one inmate at FRDC that have reported being a victim of sexual abuse by another inmate or by staff. Several inmates were identified as reporting prior abuse during the risk assessment; however, during the interviews by the auditing team, they denied every making those reports.

115.21 (e) In addition, policy D1-8.13, "Offender Sexual Abuse and Harassment," Section III (M) (1) (a) (2) page 22, addresses Advocacy. It states, "Each facility shall offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention and be available during the investigative process. Each facility shall attempt to enter into a memorandum of understanding with a rape crisis center to provide advocacy services in accordance with the department's procedure regarding professional and general services contracts. The PREA site coordinator or designee shall serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee shall ensure the continuity of advocacy services in the event the victim is transferred while receiving services."

NOTE: FRDC used qualified staff member to act as an advocate if requested by a victim. The audit did review a blank "Consent for Facility Advocacy Services." In addition, during the tour of FRDC information about outside emotional support services, such as Just Detention International, was posted throughout the facility.

The Site Coordinator stated, "We have nothing with the community as the PREA Unit was unable to reach an agreement with them. We do have on onsite PREA advocate. If he is not available, we would then reach out for assistance with an advocate."

While on site, the auditing spoke with one inmate who reported sexual abuse to while at FRDC. The auditing team was provided a signed Consent for Facility Advocacy Services by this inmate. It should also be noted that that the interview, this inmate requested to speak with the Chaplain. FRDC made it possible for the inmate to speak with the Chaplain before returning him to his housing unit.

115.21(f) N/A The Missouri Department of Corrections conducts all offender sexual abuse and harassment investigations. All allegations that appear to be criminal are investigated by the Prison Rape Elimination Act (PREA) Unit located under the Office of Professional Standards. Sexual harassment investigations as well as investigation regarding pat searches are investigated by the facility's Administrative Inquiry Officer (AIO) who reports to the warden.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Prison Rape Elimination Act (PREA) Unit for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

115.22(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (J) Investigations, page 20 states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website..."

Policy D1-8.1, Office of Professional Standards, Section III E (3) (a) page 8 states, "PRISON RAPE ELIMINATION ACT (PREA) UNIT: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt."

See also policy D1-8.4 Administrative Inquiries, page 6, reads "The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation."

During the past twelve months, FRDC received eleven (11) allegations of sexual abuse. Nine of these cases were referred for criminal investigations.

Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Both investigators interviewed stated that every allegation is referred for investigation. One investigator added, "No matter how small."

115.22(c) N/A MDOC is responsible for conducting their own criminal and administrative investigations.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☐ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC trains all employees who have contact with inmates on the 10 elements identified in this standard.

115.31(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4) (b), page 7 states, "All staff members will receive initial PREA training during the department's basic training."

Auditor reviewed the following curriculum: Basic Training, dated November 2013; and PREA 2014 Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

RECOMMENDATIONS: While the Refresher Training curriculum has information on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex or gender nonconforming inmate, the PREA Basic Training does not. Depending on when a staff member is hired, it could be up to year before they would receive this information in the Refresher Training. It is this recommendation of this auditor that MDOC update their PREA Basic Training to include information on communication with the LGBTI population.

While onsite, the auditor pulled six training records for current staff member and found they had completed the PREA Basic Training as part of the basic training.

All staff interviewed were able to discuss information they received on PREA in basic training. Each one reported they received PREA training when they are first hired and then received PREA training through an online course later.

115.31(b) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III B (4) (f) page 8 also reads, “All new staff member who shall be placed at a female facility will receive Working with the Female Offender training prior to being placed on post. A staff member will receive additional training if they are reassigned from a facility that houses only male offenders to a facility that houses only female offenders. Staff member will receive additional training if they are reassigned from a facility that houses only female offenders to a facility that houses only male offenders if their basic training or institutional basic training occurred more than two years prior to the time of the assignment. Staff members who have been away from the department due to a separation of service, deployment to the military, illness, or other leave for 2 years or more must attend the appropriate gender specific training applicable to the worksite requirements.”

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities.

No officers have transferred from any female facilities in the past 12 months to FRDC (a male only facility).

115.31(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) (c) page 7 reads, “All staff members shall complete refresher training every two years to ensure knowledge of the agency’s current sexual abuse and sexual harassment procedures. Years, in which an employee is required to complete training, the department’s PREA manager will provide current information on sexual abuse and sexual harassment policies via the department’s PREA intranet page <http://docintranet.ads.state.mo.us/Division/OD/PREA/htm>.”

While onsite, the auditor requested seven signed acknowledgments to correspond with seven employees who were interviewed. FRDC provided examples of these signed acknowledgments of these employees. FRDC reported that 412 employees have received PREA training in the past twelve months. This training includes either the PREA basic training or the PREA annual refresher training.

115.31(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III B (6) (a) page 8 reads, “All completed PREA trainings will require a PREA Acknowledgement form or PREA basic training acknowledgement form stating the staff member understood and completed the training. This form will be routed through the facility-training officer or regional training coordinator.”

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and

contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response.

115.32(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III B (4) (e) reads, "Part-time employees, volunteers and contract staff members, vendors: All part-time employees, volunteers, and contract staff member will receive PREA training specific to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors will be escorted by a staff member at all times or will receive PRA training prior to entering the facility. Contracted residential facilities will ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors will receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculums:

- PREA Basic (This is the same training that all staff receive.)
- Volunteers in Corrections Basic Training (6 hour course)
 - This course teaches volunteers to identify the characteristics of a PREA victims and perpetrator and how discrimination and harassment may affect the workplace.
- Offenders Work Release Supervisor Training (5-hour course)

- This course teaches signs of offender sexual abuse and to identify appropriate responses to be taken by staff when there is an allegation of sexual abuse.

- The Profession of Corrections and PREA (2 hour course)

In addition to the above trainings a brochure titled, "What you need to know about the Prison Rape Elimination Act" is also distributed to volunteers, vendors and contractors. This brochure provides definitions of sexual abuse and harassment, red flags to be aware of, how to report sexual abuse and MDOC's zero tolerance in regards to sexual abuse and sexual harassment.

FRDC also provided examples of training records for eleven contract staff demonstrating they have all had the departments 2016 All Staff PREA Refresher Training.

Three volunteers with FRDC were interviewed and they reported they did receive PREA training. They advised the training covered the zero tolerance policy and how they should report any information they receive or see.

Contracted staff at FRDC attend Basic PREA training with all new hires and are required to participate in annual PREA refreshers that are offered.

115.32(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (6) (a) (1) (2) (3) page 8 states, "Training Records: All completed PREA training will require a PREA acknowledgment form or PREA basic training acknowledgment form stating the staff member understood and completed the training. This form will be routed through the facility training officer or regional training coordinator. The facility training officer or regional training coordinator will send the original PREA acknowledgment form to the central office human resources personnel for retaining in the employee's personnel file. Volunteer acknowledgment forms will be retained in the volunteer's file by designated facility staff members. Vending contractors acknowledgment forms will be retained in the vendor file by designated facility staff members."

FRDC provide examples of five signed acknowledgements of contracted staff who participated in the 2015 VIC Training.

One volunteer with FRDC was interviewed and they reported they did receive PREA training. They advised the training covered the zero tolerance policy and how they should report any information they receive or see.

Contracted staff at FRDC attend Basic PREA training with all new hires and are required to participate in annual PREA refreshers that are offered.

While onsite the auditor pulled one additional training record of a volunteer and found a signed acknowledgement form showing participation in the Volunteers in Corrections training.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC provides information to inmates at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment. In the past 12 months, 7,719 offenders have entered FRDC and received PREA education material

115.33(a) Memo from Director of Division of Adult Institutions, dated 4/11/2012 to all Wardens discussed PREA – Offender Education. This memo stated that “Speaking Up” video must be shown during formal orientation at all Reception and Diagnostic Facilities and again when they arrive at mainline facilities. They must also receive the PREA brochure “Offenders Sexual Abuse: What you need to know.”

In their pre-audit documentation, FRDC provided twenty-six (26) inmate receipts showing they have received and understand the orientation and the Prison Rape Elimination Act video viewed during the intake-screening process. These examples are all from August 7, 2017.

During the tour of the intake and receiving area, it was explained to the auditor that they PREA video, “Speaking Up,” is played on continuous loop in the hallway. Inmates wait in the hallway while completing various “stations” in the intake process. It should be noted that while the auditor was in the area, the video could not be heard.

The auditing team interviewed one staff member who does intake. When asked when inmates receive information on PREA, they stated, “Every offender is given a pamphlet on PREA, most of them decline

because they have had it before. They then sign an acknowledgement. The PREA video also plays in the receiving hallway and is on a continuous loop.”

When asked how they ensure that everyone gets this education through the intake process they replied, “Intake sheets are given out to us for that day. We then mark them off as do we the education. We always follow-up to make sure that education was provided a couple of weeks after they are in the housing units.”

Of the twenty-nine inmates interviewed, seven stated they did not remember receiving a pamphlet and watching the PREA video. The auditor requested copies of these inmates’ signed acknowledgement show they received PREA education upon intake. FRDC provided these signed acknowledgements to the auditor and they corresponded with their date of admission to FRDC.

Based on the information received from the interviews and the information gathered on the tour, the auditor has concerns that PREA education is not being provided in a manner that incoming inmates can fully understand. This concern was brought to the administration’s attention and the auditor asked FRDC to address this issue by developing formalized plan to address the issues of the video being played on a continuous loop and the amount of noise and distractions in the receiving hallway.

FRDC provided the auditor with the following information:

On October 20, 2017 the Assistant Warden issued a memo to the Site Coordinator outlining the new procedure FRDC will following regarding inmate education. It states, “Starting October 25, 2017 members of our classification staff, who are trained PREA screeners, will be going to our two R/O housing unites once a week to do a PREA orientation and field any questions the offenders may have. Below is the procedure that will be followed:

1. At 11:15, the institution is locked down for count (all offenders are in the HU’s).
2. In HU 1&2 (R/O HU) once the count has been completed, an announcement will be made that the PREA orientation is about to start. A classification staff member will go into each wing and announce the video is about to start and that they will return upon completion to answer any questions.
3. The institutional cable system will show the PREA educational video, it will be shown on all TV’s in the HU, approximately three per wing.
4. Once the video has finished, the classification staff member will return to each HU wings to answer any questions.
5. Officers assigned as control bubble officers will make a chronological log when the PREA education video is being started, and the name of the classification member. The officer will also log when the classification member has completed the Q&A sessions in each wing.
6. When the offenders are seen for their follow-up PREA screening, they will sign an acknowledgment that they attend PREA orientation.”

The auditor found this same type of process and distractions for PREA education when inmates are placed in the segregation unit.

FRDC addressed this concern with the following memo dated October 10, 2017 to the segregation staff, “Starting October 23, 2017, an approximately 50 inch LCD TV on a roll cart will be placed in the HU 8 Ad Seg Unit. This mobile TV will be used to show the PREA video to offenders that were placed in the unit, prior to receiving formal PREA orientation with the R/O HU’s. All offenders who are identified as in need of the video will be housed in one of five cells, on the bottom walk of A wing, next to one another, of HU8.

Once a week, a HU classification staff member will roll the TV in front of the cells, start the PREA video, announcing to the offenders what is going on, and to let them know they will return to answer any questions. Once the video has completed, the classification staff member will return to answer any questions. The staff member will also have the offender sign the PREA acknowledgment."

FRDC also provided the auditor with four chronological logs showing the new procedure is in effect at the facility.

115.33(b) Intake staff at FRDC stated, "They are each given a brochure. There is no delay in receiving this information as the video is on a continuous loop and there are constant reminders during orientation."

All inmates interviewed remembered receiving a PREA pamphlet or "some type of PREA paperwork". All stated they received information the first day they arrived at FRDC or from their caseworker.

115.33(c) Policy IS SOP 5-1.2 Institutional Receiving and Orientation, Section III B (2) (dd) (ee) page 4 states, "After receiving an offender at an institution, designated reception and orientation staff member should ensure that offender are provided an orientation program that includes general information including, but not limited to the following: The Prison Rape Elimination Act (PREA), description of and reporting potential PREA events and crime time and PREA hotline information."

The auditing team interviewed one staff member who does intake. When asked when inmates receive information on PREA, they stated, "Every offender is given a pamphlet on PREA, most of them decline because they have had it before. They then sign an acknowledgement. The PREA video also plays in the receiving hallway and is on a continuous loop."

115.33(d)(f) Policy D1-8.13 Offender Sexual Abuse and Harassment Section III C (6) (a), pages 10 – 11 states, "Offender Education: The department will provide PREA related education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency will be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department will make reasonable accommodations to provide these documents in the offender's native language. If it is not possible to translate the documents to the offender's native language the department's PREA site coordinator or designee will utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator will make key information readily available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment."

Inmate education was found in the form of PREA brochures and posters in the following languages: English, Japanese, Serbo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video "Speaking Up for Female Offenders" in English and in Spanish.

Throughout the tour, the audit team viewed PREA informational posters in all living units and other areas inmates gathered. These posters were in English and Spanish.

115.33(e) In their pre-audit documentation, FRDC provided twenty-six (26) inmate receipts showing they have received and understand the orientation and the Prison Rape Elimination Act video viewed during the intake-screening process. These examples are all from August 7, 2017.

Of the twenty-nine inmates interviewed, seven stated they did not remember receiving a pamphlet and watching the PREA video. The auditor requested copies of these inmates' signed acknowledgement show they received PREA education upon intake. FRDC provided these signed acknowledgements to the auditor and they corresponded with their date of admission to FRDC.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC requires that investigators be trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

115.34(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (4) (b) (c), page 7 states, "All staff members will receive initial PREA training during the department's basic training. All staff members will complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures."

In addition, in Section III B (5) (b) page 8 of this same policy states, "All new investigators or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training."

FRDC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at FRDC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

Two investigative employees were interviewed. Both reported receiving MDOC's PREA training that all staff receive.

In regards to the specialized training, one investigator reported he had received this training. He stated, "It is geared towards substantive interviews towards victims, providing different methods, allowing victims to have an advocate during the interview, taking breaks during the interview if needed, and gathering enough information for preponderance of the evidence."

The second investigator is still relatively new and has not received this specialized training, He reported, "This training will happen in the future." He also reported that his main function now is to investigate sexual harassment cases. He advised, "The minute touching occurs, the other investigator is called in."

115.34(b) Auditor reviewed the curriculum "Investigating Offender Sexual Abuse in Confinement Settings," 36 hour course designed for Inspector General staff and Investigators. This curriculum was last revised September 24, 2012 and covered the following topics:

- Techniques for interviewing sexual abuse victims (Module 4 "Investigating Allegations of Sexual Abuse," pages 12 – 16)
- Proper use of Miranda and Garrity (Module 2 "State Laws and Policies" pages 22 – 26)
- Criteria and evidence required to substantiate a case for administrative or prosecution referral (Module 4 "Investigating Allegations of Sexual Abuse" page 8 -11 and pages 18 -30)

This training curriculum also included a module titled "Mock Crime Scene Investigations" wherein participants took what they learned in previous modules and applied it a practice setting.

This training was revised in September 2014 and was reduced to four modules. It still contains all four elements of this portion of the standard.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (5) (b) page 8 states, "All new investigators or designees assigned to investigate offender sexual abuse allegations will receive specialized PREA training."

FRDC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at FRDC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

The investigator who has received the specialized training, stated, "We covered Miranda/Garrity and got some clarification when dealing with staff. We also discussed evidence collection, chain of command and how to tag it." This investigator stated they also received evidence collection training through the Highway Patrol.

115.34(c) The auditor reviewed training logs from January 2013 through September 2014 and found that 33 investigators had been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training.

Currently there are 10 investigators assigned to the PREA Investigation Unit. This training roster included the investigators assigned to FRDC.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has a policy related to training of medical and mental health practitioners who work regularly on its grounds. They **do not** provide forensic examinations. Regional SANE nurses provide forensic exams from Corizon.

115.35(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III B (5) (a) page 8, states, "Medical and mental health staff members shall receive annual specialized PREA training." Auditor reviewed curriculum "PREA Specialized Medical/Mental Health Professionals" dated April 2017. This course is worth two hours and covers the following topics:

- How to detect and assess signs of sexual abuse and sexual harassment (page 5)
- How to preserve and physical evidence of sexual abuse (page 8)
- How to respond effectively and professionally to victims of sexual abuse (pages 10 -12)
- How to and whom to report allegations and suspicions (page 6)

The auditing team interviewed four medical and mental health employees. All four reported receiving PREA training through the department and through Corizon.

115.35(b) N/A The medical staff at this facility do not conduct forensic exams.

NOTE: One of FRDC's medical staff is a Corizon nurse who is also a trained SANE. She provides regional coverage on an 'as needed basis.' FRDC provided a copy of her certificate showing she has completed this specialized training.

Auditor interviewed this staff person and she stated, "I received my training through Corizon. It involved 40 hours of class work and eight hours of clinical work."

115.35(c)(d) FRDC provided training information that 56 medical and mental health employees received the 2017 PREA Training during their all staff in-service meeting held in April 2017.

FRD also provided in their pre-audit documentation nine sign acknowledgments from medical staff stating they received and understood the "PREA Specialized Medical and Mental Health Training" in 2014 and 2015.

While onsite, auditor requested four signed acknowledgements from current medical/mental health staff showing they received and understood the 2016 Annual PREA Refresher or if their hire date excluded them for this training, did they receive the PREA basic training the department provides new hires. Those acknowledgments were provided to the auditor.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements.

115.41(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III C (3)(a) page 9 states, "All offenders will be assessed during intake and upon transfer to another facility for their risk of being sexually abused by other offenders or sexual abusiveness towards other offenders in accordance with the institutional services procedure regarding offender housing assignments and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities."

The period for administering the Internal Risk Assessment is also found in IS5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification.

The risk assessment tool is completed on all arrivals within 72 hours, unless they sign the refuse to participate form.

The auditing team interviewed two staff members who are responsible for administering MDOC's risk screening assessment. They both stated that the initial risk assessment is administered the same date the inmates arrive at FRDC.

All inmates interviewed reported mix responses on if an assessment was done while in receiving. The majority reported they remembered being asked a bunch of questions by a case worker; however, some stated they do not remember if one was done.

The auditor reviewed the "Completed Assessments from Arrival Report." This report documents the date that an inmate arrives at FRDC and the date the initial assessment was completed. The auditor was able to find 21 of the 29 inmates interviewed on this report. The auditor asked FRDC for copies of the initial assessments completed on the eight inmates not found on this report. FRDC was able to provide copies to the auditor and it was learned that all 29 inmates had their initial assessment completed on the same date as arriving at FRDC.

115.41(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III C (1) page 9 states, "Facilities will assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure regarding diagnostic center reception and orientation, and probation and parole procedures regarding the community supervision center, the community release center, and contracted residential facilities. Offenders will be assessed within 72 hours of arrival."

Policy IS5-2.3, Offender Internal Classification, on page 4 in Section D (2) also states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score."

FRDC provided a data sheet from July 1, 2016 – June 30, 2017 with their pre-audit documentation demonstrating the date of arrival and the date the first assessment was completed. There were 760 inmates entering FRDC within the past 12 months were screened for risk of sexual victimization or risk of sexually abusing other inmates within 72 hours of their entry into the facility. All initial assessments were completed on the day of arrival and according to standards.

All inmates interviewed reported mix responses on if an assessment was done while in receiving. The majority reported they remembered being asked a bunch of questions by a case worker; however, some stated they do not remember if one was done.

The auditor reviewed the "Completed Assessments from Arrival Report." This report documents the date that an inmate arrives at FRDC and the date the initial assessment was completed. The auditor was able to find 21 of the 29 inmates interviewed on this report. The auditor asked FRDC for copies of the initial assessments completed on the eight inmates not found on this report. FRDC was able to provide copies to the auditor and it was learned that all 29 inmates had their initial assessment completed on the same date as arriving at FRDC.

Both Intake staff at FRDC interviewed stated the assessment tool is completed the same day inmates arrive at FRDC.

115.41(c)(d)(e) Auditor reviewed FRDC's risk screening tool and found all 10 elements in this standard were covered. This tool has been adopted by MDOC and is used in all of their state operated facilities.

Auditor also reviewed the "The Adult Internal Risk Assessment Manual" which contained relevant information on how to complete the internal risk assessment. For example, this manual contained information found in agency policy for example information on reassessment requirements can be found on page 8 and on page 9 a user can find information on how to interview an offender to obtain the information necessary to accurately completing the assessment. The manual was well laid out, provided explicit instructions on how to score the assessment and included screen prints on how to enter the assessment into the facility's database.

All offenders are assigned one of the three following scores:

- Alpha – high potential for sexual perpetration
- Kappa – not a high risk for either sexual victimization or perpetration
- Sigma – high risk for sexual victimization

Intake staff interviewed stated the instrument FRDC uses covers mental health history, disabilities, conduct violations, criminal history, stature and age.

One intake staff member stated, "It is not generally the first stop, but the watch a video as they are waiting and then they come in to the room and we go over the assessment questions and I provide them a PREA pamphlet."

115.41(f)(g) Policy IS5-2.3, Offender Internal Classification, Section III C (3) page 2 states, "A second internal classification will be completed within thirty calendar days of the offender's arrival at the reception and diagnostic center, if they have not been transferred."

Also on page 4 of this same policy in Section D (3) it states, "A second internal classification will be completed within thirty calendar days of the offender's arrival at the reception and diagnostic center, if they have not been transferred. If there is a change in the offender's internal classification score a case manager will review the offender's housing assignment to determine if a change in bed assignment is required. If an assignment change is required, this must be made on the same day the internal classification is completed. Any time an offender is returned to a diagnostic center this process will be repeated."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (C) (1) (b) (c) pages 9 states, "Offenders will be reassessed within 30 days of arrival. The reassessment will consider additional relevant information received by the facility after the initial intake screening. The offender's risk level will be reassessed when warranted due to a referral, incident of sexual abuse, or upon request or receipt of additional information that impacts an offender's risk of sexual victimization or abusiveness."

FRDC provided a copy of the report, "Assessments at FRDC for Arrivals between January 1, 2016 – December 31, 2016 in their pre-audit documentation showing the date the inmate entered FRDC, the date they had received their initial assessment and their 30-day assessment. All assessments listed

showed risk assessment tools were completed within the timeframe outlined by standards and MDOC policy.

While on site, the auditor requested a copy of the report, "Assessment at FRDC for Arrivals from January 1, 2017. While reviewing this report, the auditor was unable to locate 30-day assessments on six of the inmates interviewed. FRDC was able to provide copies of these 30-day assessments to the auditor.

Intake staff reported that 30-day follow-up assessments is the responsibility of the housing unit caseworker. On intake staff stated, "The housing unit case worker would conduct any follow-up assessments."

In addition to reviewing random 30-day follow up assessments, it was discovered that several inmates sent to restrictive housing (HU8) after receiving their 72-hour initial assessment did not receive their 30-day reassessment.

The auditor and management staff discussed the concern and the auditor asked the facility to develop a documented plan to ensure that all newly arrived inmates, general population inmates, and segregated housing inmates receive assessments within their designated timeframes. The auditor also asked the facility to provide documentation demonstrating all appropriate staff are trained and aware of this plan of action.

The auditor was provided a memo from HU 8 Functional Unit Manager to the Site Coordinator regarding Administrative Segregation PREA Assessment Review Procedure. This memo reads, "Prior to offenders being released from restrictive housing, the assigned classification staff will screen offenders for their 30-day risk/need review. Offenders who have had their 72-hour initial assessment within the last 10 days will be referred to the classification staff of their new housing unit for completion of their 30-day review. All other offenders who are scheduled to be released will have their 30-day risk/need assessment completed by Adseg classification staff prior to being released to their receiving housing unit. The MOCIS risk/need assessment tracking report will be printed and screened bi-monthly to identify offenders who are assigned to Administrative Segregation and are due to receive their review. Offenders who are assigned to Administrative Segregation from Receiving will receive their 30-day review and subsequent reviews while assigned to restrictive housing."

The auditor received a copy of another memo dated October 23, 2017 indicating a PREA Screen Refresher class was held at FRDC training building. The refresher training lasted approximately one hour and was attended by all classification staff that perform PREA screenings, and their supervisors. A signed roster was also attached. Twenty-three (23) FRDC classification staff attended this training.

FRDC offenders are reassessed at the 30-day mark to see if any changes have occurred unless they refuse to participate. (Auditor did reviewed an example of "Refusal to Participate" form that inmates can sign if the refuse to participate in the risk assessment. Inmates are also told no sanctions will be given for refusal to participate.)

Of the twenty-nine random inmate interviews conducted, thirteen have not had a 30-day reassessment. These reassessments have not be completed due to these inmates being new arrivals and have been at FRDC less than thirty days.

115.41(h) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III C (1) (d) page 9 states, "The offender will not be disciplined for refusing to answer or not disclosing complete information during the assessment."

The Adult Internal Risk Assessment Manual also states, "...The Case Manager should attempt to complete the assessment to the best of their abilities. The Case Manager should note in sections requiring offender response "refused to participate" and answer no to those questions. Offenders cannot be disciplined for refusing to answer questions..."

Intake staff reported no inmate is ever disciplined for refusing to answer any question of the assessment or for refusing to participate.

115.41(i) Policy IS5-2.3, Offender Internal Classification, Section III (F), page 3 states, "Upon completion of the internal classification process, a printout of the results will be placed in the offender's classification file in accordance with institutional services procedures regarding classification files and will be maintained in accordance with the departmental procedure regarding record retention. CCMs will enter the offender's internal classification score into the department computer system along with the date of internal classification and their employee identification number in accordance with the internal classification manual."

The Adult Internal Risk Assessment Manual also states, "Click on Assessment Listing (Do not print the final formed version of the assessment). Find the assessment in the Assessment Listing screen for the offender. Click on the file folder icon in the assessment line. This will bring up another window with the assessment summary. Click on the printer icon at the top of the assessment."

Only case managers have access to the information found on the risk assessment. It was reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. They also stated that this is in policy.

In regards to confidentiality of the information in the assessment, this information is limited to classification staff and administration.

The Site Coordinator states, "Specific information is restricted to certain staff: classification, administration, and probation/parole. All staff have access to the total score."

The PREA Coordinator echoes this practice. "This is in policy."

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC uses the information from the risk screening required by 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. FRDC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Housing and program assignments for transgender or intersex inmates in the facility are made on a case-by-case basis.

FRDC has policy in place that outlines the make-up and actions of a transgender committee. This committee consists of administrative staff, medical/mental health professionals, and the inmate to discuss the needs, housing, shower, and safety issues of the individual. **In the past twelve months, no transgender inmates assigned to FRDC.**

115.42(a)(b) Policy IS5-2.3 Offender Internal Classification, Section III (A) (1) (2) pages 1 – 2, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III C (3) (b) page 9 states, “Housing, cell, bed, education, and programming assignments will be individualized utilizing the adult internal risk assessment with the goal of keeping separate those offenders identified at high risk of sexual victimization from offenders assessed at high risk of being sexually abusive. This will be in accordance with the institutional services procedures regarding offender-housing assignments, offender recreation and activities, and probation and parole procedures regarding community supervision centers, the community release center, and contracted residential facilities.”

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

On page 6 of this same policy, states, “The Required Activities Coordinator will notify the work supervisor of the offender’s internal classification information. The work supervisor is responsible for knowing the internal classification of their workers and assign tasks in such a manner to ensure the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working. Internal classification information shall not be used by any staff member to preclude placement of an offender in a required activity.”

One of the intake workers stated, “On each housing unit, A & D Wings typically house the Alphas and Kappas and the B & C wings house the Sigmas and the lower Kappas. Housing Unit 3 is generally where they place inmates on Protective Custody status.

FRDC has a population of 200 inmates that are considered general population inmates. These inmates are assigned to HU 9 and 10 are given jobs throughout the facility. In their pre-audit documentation, FRDC provided examples of weekly dockets that are used for job placement. This docket includes the inmate’s name, housing assignment, risk assessment score and job placement. This pre-audit documentation consisted of weekly dockets from 2015.

While onsite, the auditor requested weekly dockets from the following months: October 2016, February 2017 and June 2017.

FRDC provided these dockets and the auditor found that inmate workers were all Kappas.

NOTE: While reviewing investigative files, the auditor discovered a situation where an error in housing assignments was made and PREA incident occurred. An inmate who was at a high risk to be victimized was housed with an inmate that was at a high risk to be sexually aggressive. Management questioned the officer, who made the housing assignment, and his supervisor, and a negative log notation was made in the file of the officer.

115.42(c)(d)(e)(f)(g) Policy IS & SOP 5-3.1, Offender Housing Assignments, also outlines the Transgender Committee. The policy reads, "Each institution shall convene a transgender committee to determine and review an offender's classification on a case by case basis. A transgender or intersex offender's own views with respect to his or her safety shall be given serious consideration. The transgendered committee should meet and have a written recommendation completed within 10 working days of the offender's arrival at the facility. The recommendation should be forwarded to the appropriate deputy division director of the division of adult institutions; the director of the division of rehabilitative service and the prison rape elimination act (PREA) coordinator for review and approval. A response should be made back to the transgender committee within 10 working days. The transgender committee's approved written decision shall be maintained in the offender's classification and medical records in accordance with departmental procedures regarding record retention. The transgender committee will review the housing assignments every six months following the initial determination. Reassessments can be done more frequently as needed on a case-by-case basis. Transgender or intersex offenders shall be given the opportunity to shower separately from other offenders as outlined by SOP."

SOP D1-8.13, Offender Sexual Abuse and Harassment, Section III (D) (2) page 11 states, "The transgender committee shall meet with the offender upon arrival at the facility and every six months thereafter or more often if deemed necessary."

The policy also states, "The transgender committee meeting and subsequent written report shall include the following: offender's view of his vulnerability within the general population, historical overview of the offender's transgender/intersex status. Include information regarding where the offender is in the transition process, amount of time living as a transgender, and the offender's concerns and views regarding the transition process. Review of the offender adult internal risk assessment. The report should show the adult internal risk assessment was reviewed and whether the offender required a reassessment. If information is obtained which would affect the offender's classification, the offender will be reassessed utilizing the adult internal risk assessment. Review of the offender's institutional adjustment. PREA allegations/investigations. Review of programming assignments. Recommendations regarding the offender's health and safety to include: housing assignment. Housing assignments for transgender or intersex offenders shall not be made based solely on genitalia but must consider the offender's health, safety, and the security of the facility through a review of the respective classification, medical and mental health records. The transgender or intersex offender's own views with respect to his safety shall be given serious consideration when determining housing. Showering: Transgender or intersex offenders shall be offered the opportunity to shower separately from other offenders. Special needs: If the contracted mental health provider recommends hormone replacement therapy, the recommendation will be included in the transgender committee report. If specialized clothing, such as a support garment, is recommended, the recommendation shall be included in the report. A written doctor's recommendation shall accompany the report."

IS & SOP 5-3.1 Offender Housing Assignments, pages 4 -5 addresses Transgender Housing Assignments. It also states, "The transgender committee is responsible for determining a permanent housing assignment for each transgender or intersex offender, and prior to this assignment shall meeting with each offender to determine his vulnerability within the general population and length of time living as the acquired gender. Transgender and intersex housing assignments shall not be made based solely on genitalia by must consider the offender's health and safety and the security of the facility through a review of the respective classification, medical and mental health records."

The auditor also reviewed a copy of the template the Transgender Committee would use to determine housing.

FRDC reported that LGBTI inmates are not housed in special units. If inmates comes in and identifies themselves as transgender, they assemble a transgender committee to determine the needs and level of comfort. It would be the MDT decision on how to house them. They would have a normal assessment in which his own views of his safety would be taken into consideration. FRDC reassess transgender inmates every six months.

Risk screening staff reported, "There is a transgender committee that ensures the inmate's needs are met and that they are allowed to shower separately. They are also pat searched differently."

The PREA Coordinator also reported that a transgender committed will be convened at any facility where an individual is admitted and identifies themselves as transgender.

There were no transgender or intersex inmates in FRDC custody during the onsite portion of this audit.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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In the past 12 months, there has been **no** inmate placed in involuntary segregation at FRDC.

The following are MDOC's policies on segregated housing in institutional settings.

115.43(a)(b)(c)(d)(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Segregated Housing in Institutional Setting, pages 16-17 states, "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and

approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others...”

The number of inmates at risk of sexual victimization who were held in involuntary segregated housing in the past 12 months for one to 24 hours is zero.

On the day of the audit there were no inmates being held in segregation based on high risk for victimization. The auditor did review two PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Auditor reviewed the reporting information given to inmate’s who enter restrictive housing. This brochure covers how to report a PREA allegation and provides address for advocates.

The auditing team interviewed on staff person assigned to segregation. They reported, “If there is no other way to keep them safe, then they would be placed in segregation. If the abuser can be taken away, then the victim can stay where he is if they feel comfortable in doing that. It really depends on the situation. If it involves another offender, the other offender is placed in segregation or transferred to another facility. If it involves staff, then it could be until the staff can be transferred somewhere else.

NOTE: Auditor reviewed MDOC’s Segregated Housing for Protective Custody which outlines the an assessment of all alternative housing choices (least restrictive housing) must be conducted prior to placing a victim in segregated housing for protection and that victims of sexual abuse ordinarily not be held in segregated housing for longer than 30 days.

On the day of the onsite portion of the audit, there were no inmates in TASC for risk of sexual victimization or who have alleged to have suffered sexual abuse.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has established multiple procedures for allowing inmates internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Inmates may report via an informal

resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by FRDC.

As of the date of this audit, FRDC does not have any offenders who are detained solely for civil immigration purposes.

115.51(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” Section III F (1) page 13 states, “Each facility’s CAO or designee will provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff member neglect, and violation of responsibilities that may have contributed to an incident of offender sexual abuse, to include but not limited to:

- a. informal resolution request (IRR), grievance process, or offender complaint,
- b. a staff member,
- c. PREA hotline, and
- d. advocacy agency.

Auditor reviewed the offender brochure on “Offender Sexual Abuse and Harassment” which is given out at intake. This brochure outlines the ways inmates can make reports of sexual abuse and sexual harassment. It reads, “Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department’s confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing “8” or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

The auditor was also provided a copy of the PREA brochure that given to any inmate placed in FRDC’s TASC cell.

FRDC staff interviewed were able to list several ways an inmate could report victimization. Their responses ranged from calling the PREA hotline, telling a staff person, “fly a kite” or write a letter.

Inmates reported several ways they would report victimization. Reporting ranged from calling the PREA hotline, telling a CO or family or placing something in the PREA box.

Information was posted on bulletin boards throughout the facility and in the housing units advising inmates on how to make reports of sexual abuse.

115.51(b)

Policy D1-8.13 Offender Sexual Abuse and Harassment, “Reporting Sexual Abuse or Harassment,” Section III F (2) page 13 states, “Offenders may make anonymous reports of allegations of offender sexual abuse to the Department of Public Safety, Crimes Victims Services Unit. All offender mail addressed to the Crimes Victims Services Unit will be treated as confidential mail and not subject to examination. Facilities will maintain strict policies prohibiting mailroom staff from revealing to staff members or administrators the fact that an offender sent correspondence to the sexual abuse reporting entity.”

Auditor reviewed the MOU with the Missouri Department of Public Safety. Missouri Department of Public Safety's responsibilities include initiating a SharePoint application that can be shared by DPS and DOC. The DPS shall receive written correspondence of allegations of offender sexual abuse and harassment. All written correspondence received by the DPS shall be assigned a tracking number. The DPS shall record in the SharePoint application the date of the written correspondence is received, the name of the institution, the name of the victim if known and the date the letter is forwarded to the DOC. The DOC shall record in the SharePoint application the date offender letter is received and any action taken. This MOU is ongoing from the date of the final signature until such time as it is deemed unnecessary by either party. The MOU was signed July 25, 2013.

The poster with the Department of Public Safety address also contains the following language, "Be advised that any correspondence sent to the Department of Public Safety regarding any PREA concerns that you might have will be considered confidential and will not be subject to inspection by institutional staff. You may seal the envelope and if it is addressed to the Department of Public Safety it will not be opened up by FRDC staff. It will be sent directly to them. Additionally, the name of the offender sending the mail will remain confidential and will not be reported to any other staff at FRDC by the staff member that handles the mail."

The Site Coordinator reported, "They are given initial PREA information in a brochure. It tells them about the number they can call to report, how to tell staff and provides information on how to report to an outside agency (Department of Public Safety in Jefferson City). If they do report to Jefferson City, it immediately goes to Central Office and the investigators."

FRDC staff interviewed were able to list several ways an inmate could report victimization. Their responses ranged from calling the PREA hotline, telling a staff person, "fly a kite" or write a letter.

Inmates reported several ways they would report victimization. Reporting ranged from calling the PREA hotline, telling a CO or family or placing something in the PREA box.

Inmates reported that they could remain anonymous if they wanted.

115.51(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," Section III F (3) page 13 states, "All allegations including anonymous, third party, verbal, or allegations made in writing will be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Per FRDC's coordinated response, "PREA allegations, including third party and anonymous, will be investigated as outlined in this protocol, D1-8.13 Sexual Abuse and Harassment and D1-8.1."

FRDC reported, "They are given initial PREA information in a brochure. It tells them about the number they can call to report, how to tell staff and provides information on how to report to an outside agency (Department of Public Safety in Jefferson City). If they do report to Jefferson City, it immediately goes to Central Office and the investigators."

Inmates reported that they could remain anonymous if they wanted.

115.51(d) Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls,

the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members.”

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III F (4) page 13 states, “Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the employee reporting hotline in accordance with department procedure regarding discrimination, harassment, retaliation, or unprofessional conduct.”

Staff Tips Hotline posters are throughout the facility and are located in the officer work areas, staff newspaper and on the MDOC intranet home.

All staff reported they were aware of a hotline they can call to report a PREA event. It should be noted that while they knew of this number, a majority of them stated they would not remain anonymous if they reported inmate abuse.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has an administrative procedure for dealing with inmates grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member, they are not required to submit their grievance through that staff member. FRDC also outlines, through policy, where grievance cannot be filed.

FRDC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, there have been zero grievances filed.

115.52(a)(b)(c) Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal. The following are portions of this policy that supports this standard:

Time limit

- “The department shall not impose a time limit on when an offender may submit a complaint regarding an allegation of offenders’ sexual abuse.”

Informal Process

- “The department will not require an offender to use the informal grievances process, or to otherwise attempt to resolve with staff members, an alleged incident of offender sexual abuse.”
- “Informal resolution request alleging sexual abuse will be processed normally with the exception of the following: A response should be completed as soon as practical, but no later than 30 calendar days of receipt.”

Against a Staff Member

- “A staff member who is subject of the complaint should not be the respondent.”

Grievance Process

- “Offender grievances alleging sexual abuse will be processed normally with the following exceptions: the CAO or designee should respond within 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the informal resolution request and receipt of the offender grievance by the grievance officer or designee.”
- “Offender grievance appeals alleging offender sexual abuse will be processed normally with the following exceptions: a response should be provided as soon as practical, but no later than 30 calendar days of receipt, and, computation of the 30 day time period will not include the days between the offender’s receipt of the offender grievance response and receipt of the offender grievance appeal by central office grievance staff members. Appeals will be referred to the deputy division director or designee, and, an extension of time to respond, of up to 70 days, may be claimed if the normal time period for response is insufficient to make an appropriate decision. The offender will be notified in writing of any such extension and will be provided a date by which a response will be provided.
- “At any level of the administrative process, including the offender grievance appeal level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may proceed to the next level of the offender grievance process”

Third Party Reporting:

- “Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, shall be permitted to assist offenders in filing requests for informal resolution requests, grievances or appeals relating to allegations of offender sexual abuse. This assistance cannot interfere with the safety and security of the institution.”

- “When a staff member receives a request from a third party to file a complaint via the offender grievance procedure on behalf of an offender regarding allegations of offender sexual abuse. The staff member will require the party making the complaint to submit such in writing.”
- “Administrative or case management staff members will then prepare a report of incident in accordance with procedure for possible investigation or inquiry.”
- “When a staff member receives the documentation from the reporting third party, it will be attached to an informal resolution request form and will immediately be recorded in accordance with this procedure. A copy of the documentation will also be forwarded to the CAO or designee in order to be attached to the possible investigation or inquiry.”
- “The case manager shall attempt to discuss the issue with the offender (victim) prior to developing a response to confirm if the alleged victim agrees to have the request filed on his behalf.”
- “If the offender declines to have the request process on his behalf, the case manager shall document the offender’s decision in the discussion section of the informal resolution request form and the complaint shall be considered withdrawn for grievance purposes.”
- “If the offender agrees to have the request processed on his behalf, it will then be documented in the discussion section of the informal resolution request and will be processed normally in accordance with this procedure.”

Emergency Informal Resolution Requests

- “Allegations of offender sexual abuse by employees shall immediately be reported to the CAO or designee for possible investigation or inquiry.”
- “If the staff member who processes the informal resolution requests determines that it meets the definition of a PREA emergency complaint, the offender will be provided an informal resolution request form.”
- “Emergency informal resolution requests will be processed as follows:
 - The offender will request an informal resolution request form from case management staff members and briefly state the issues and subject of complaint in accordance with this procedure.
 - When a staff member receives the completed informal resolution request form from the offender, the staff member will record receipt of the form in accordance with this procedure and it will be taken to the CAO or designee immediately.
 - Upon receipt of an informal resolution request from an offender, the CAO or designee may confer with the PREA site coordinator to make the determination if the informal resolution request should be handled as an emergency.
 - The CAO or designee will prepare an initial response which will be attached to the informal resolution request and provided to the offender within 48 hours of receipt of the initial filing date. The offender will sign and date the response.
 - A final response from the CAO or designee will be provided to the offender within 5 calendar days from the initial filing date. The offender will sign and date the form.
 - The initial and final response for the informal resolution request shall document the department’s determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency informal resolution request.
 - If the offender is unsatisfied with the final response for the informal resolution request and chooses to file a grievance, an offender grievance form will be provided. The grievance or grievance appeal will then be processed as a non-emergency PREA complaint as noted in this procedure.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (8) Page 14 states, "The department will not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse. The department will not impose a time limit for an offender submitting a grievance or complaint regarding an allegation of sexual abuse. The department may apply otherwise applicable time limits to any portion of a grievance or complaint that does not allege an incident of sexual abuse in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards. The department will ensure that an offender who alleges sexual abuse may submit a complaint to a staff member who is not the subject of the complaint and the grievance or complaint is not referred to a staff member who is the subject of the complaint. Staff members are to address grievances or complaints for allegations of sexual abuse and harassment in accordance with the department procedure regarding offender grievance, institutional investigations, and office of professional standards."

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

Auditor also reviewed the following training provided at statewide meeting regarding grievances, "PREA and the Grievance Process."

115.52(d) At this time FRDC has not had any grievances where a final decision was not reached within 90 days.

115.52(e) FRDC reports they have had no third party grievances filed within the past year.

115.52(f) FRDC reports they have had no emergency grievances filed pursuant to this standard.

115.52(g) Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b)(1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC provides inmates with outside access to victim advocates for emotional support services related to sexual abuse by providing mailing addresses to Just Detention International (JDI) and Rape, Abuse and Incest National Network (RAINN). They also inform inmates prior to given them access to outside supports, the extent to which such communications will be monitored. FRDC was unable to enter a MOU with a community provider.

115.53(a) D1-8.13 Offender Sexual Abuse and Harassment, Section III M (1-5) page 22 states, "Each facility will offer victims of offender sexual abuse, not including sexual harassment, a victim advocate to provide emotional support services, crisis intervention during the sexual assault exam, when applicable, and the investigative process. Each facility will attempt to enter into a memorandum of understanding (MOU) with a rape crisis center to provide advocacy services in accordance with the department's

procedure regarding professional and general services contracts. If a facility is unable to enter into a MOU with the advocacy center, the attempt will be documented and advocacy services will be provided by a qualified staff member who has been trained to provide advocacy services to a survivor of sexual abuse in confinement settings. All staff members serving as a designated victim advocate for offenders will receive victim advocacy training for sexual assault advocates. All services provided by staff member victim advocates to offender victims will be afforded a level of confidentiality consistent with the safety and security of the institution. PREA site coordinator or designee will serve as the liaison between the facility and the advocacy organization. The PREA site coordinator or designee will ensure the continuity of advocacy services in the event the victim is transferred while receiving services. Victims of offender sexual abuse or harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety will receive and immediately forward offender reports of sexual abuse and sexual harassment including third party and anonymous to the PREA unit. Offenders will be allowed to communicate with an advocate by mail or special visit in a confidential manner as possible to maintain safety and security of the institution.”

This same policy in Section III I (15) on page 19 states, “During the initial assessment, mental health treatment interventions will be discussed with the victim by the QMHP and will include options such as individual and/or group therapy. The QMHP will explain and offer advocacy services to the alleged victim offender. Advocacy will not be offered for allegations of sexual harassment. The QMHP will document the offender’s acceptance or refusal of advocacy services in the electronic medical record. If the offender refuses advocacy services, the QMHP will have the victim sign the refusal of treatment - no show form. If the offender requests an advocate, the QMHP will notify the PREA site coordinator.”

Out of the 29 random inmates interviewed, none reported they were aware of outside emotional support services available to inmates.

RECOMMENDATION: While this information is clearly posted on bulletin boards throughout the facility, it quite possible FRDC inmates are overwhelmed with information posted in their living areas. It is recommend that a brief refresher should be given to FRDC inmates on what the PREA signage is providing – especially on services that Just Detention International can provide them. This refresher can be done during meetings with their counselor and does not require a formal inmate education process.

115.53(b) D1-8.13 Offender Sexual Abuse and Harassment, Section III M (6) page 22 states, “Offenders will be informed before being given access to a victim advocate, the extent to which communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.”

It should also be noted that the advocacy posters also state, “Be aware: Per department policy, mail will be subject to examination and phone call may be monitored.”

115.53(c) MDOC has attempted several times since 2014 to enter into an MOU with True North Crises Centers. FRDC has provided emails supporting these attempts.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

115.54(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (3), page 13 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

While onsite, the auditor also viewed third party reporting information posted in the visiting area of FRDC.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

FRDC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

115.61(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (8) page 6 states, "Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors will immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members will inform offenders at the initiation of services of the practitioner's duty to report in accordance with statutes."

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, "Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department."

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as "any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as “Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department.”

Every staff member interviewed stated they were required to report any suspicion or knowledge of inmate sexual abuse. They were able to state this was in FRDC policy.

115.61(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (9) page 6 states, “Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Every staff member interviewed stated they were required to report any suspicion or knowledge of inmate sexual abuse. They were able to state this was in FRDC policy.

115.61(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III A (8)(a), page 6 states, “Medical and mental health staff members shall inform offenders of the practitioner’s duty to report at the initiation of services.”

Policy IS11-32, Receiving Screening – Intake Center, Section III B (7)(d) page 3 states, “Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws”

Medical and mental health staff interviewed at FRDC stated they have an obligation to report if there is a threat to the inmate’s safety as they are mandated reporters.

115.61(d) Policy IS11-32 Receiving Screening - Intake Center, Section III B (7) (d) (1) page 3 states, “If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children’s Division, Department of Social Services under applicable mandatory reporting laws.”

115.61(e) Policy D1-8.13, Offender Sexual Abuse and Harassment,” Section III G (3) page 15, states, “All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist.”

The site coordinator stated that all reports of sexual abuse are forwarded to the Central Office PREA Unit for investigation.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FRDC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. In the past twelve months, there have been no inmates that have been reported to be subject to substantial risk of imminent sexual abuse.

115.62(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, page 20, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

FRDC reports there have been no incidents in the past 12 months where the facility determined that an inmate was subject to a substantial risk of imminent sexual abuse. They advised if a report or determination was made that an inmate is subject to risk of imminent sexual abuse they would assess the offender for the least restrictive housing."

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FRDC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head off the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation.

They also have a policy that states that allegations received from other facilities are investigated in accordance with PREA standards.

116.63(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III G (4) page 16 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the department, the notification checklist

will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours."

FRDC reported that in the last twelve months they have received three reports from incoming inmates that abuse occurred at another facility. They have also received two reports of sexual abuse at the facility from another facility.

FRDC stated, "If any offenders report allegations of being sexual abused while housed within another confinement facility. If an allegation of this nature were to be made, the shift supervisor would complete the coordinated response. If the alleged incident happened at another facility the normal notification process would be utilized. If the alleged incident happened while in a county jail, it would be forwarded to the DOC PREA coordinator at central office.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FRDC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard.

115.64(a) Auditor reviewed FRDC's Coordinated Response that is a part of policy D1-8.13 Offender Sexual Abuse and Harassment located on page 16. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor will make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor will make email notifications as outlined in the applicable PREA notification checklist protocol.

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

The auditing team interviewed two security staff members who has acted as a first responder; they both were able to describe FRDC's coordinated response.

The auditing team reviewed the twelve investigative files at FRDC over the past 24 months and found that staff initiated the coordinated response in a timely manner and followed FRDC policy.

In interviewing staff at FRDC, each person was able to articulate the Coordinated Response.

115.64(b) All staff are considered to be first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FRDC has developed a coordinated response to all sexual abuse incidents.

115.65(a) The coordinated response to offender sexual abuse covers the following topics:

- Role and Responsibilities of Shift Commander, Site PREA Coordinator, First Responder, Mental Health, and Medical
- Exceptions to the protocol

Policy D1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response in Section III G on pages 16 and 17. It states, "The CAO or designee will coordinate actions taken by first responders, medical, mental health, investigators, and administrators in response to all allegations of offender sexual abuse and harassment as outlined in the divisions' coordinated response to offender sexual abuse protocol. Offender interpreters will not be utilized except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first responder duties, or the investigation. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift

supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. If the allegation is reported directly to a facility administrator, the administrator can initiate the coordinated response to ensure confidentiality utilizing the notification checklist. In the event of an allegation of a penetration act, the first responder will take the following steps.

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- To the extent possible, ensure the alleged perpetrator does not take any actions that could destroy physical evidence including: washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.
- The shift commander or shift supervisor will make telephone notifications and respond as outlined in the division's coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor will make email notifications as outlined in the applicable PREA notification checklist protocol.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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MDOC has a labor agreement with Missouri Corrections Officers Association that ends 9/30/2018.

115.66(a) Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOIA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FRDC has policy in place to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other inmates or staff.

In the past twelve months, there have been zero reports of retaliation against staff or inmates.

115.67(a)(b)(c)(d)(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III F (9) page 14 outlines the protection from retaliation for inmates and staff in the following manner:

"The PREA site coordinator will ensure all victims and reporters and those that cooperate with offender sexual abuse and harassment investigations or inquiries are monitored and protected from retaliation. Following any reported incident of sexual abuse or harassment, monitoring for retaliation will be conducted in the following manner: The alleged victim of offender sexual abuse will be monitored for a minimum of 90 days to assess any potential risk or act of retaliation. Monitoring will include face-to-face status checks by a staff members a minimum of every 30 days. The assessment-retaliation status checklist form will be used during each of the assessment interviews. If the victim expresses fear of retaliation, monitoring will continue for an additional 90 day period or until the victim or reporter is no longer in fear of retaliation or if the investigation or inquiry is unfounded.

The PREA site coordinator or designee will ensure individuals receive an initial assessment utilizing the assessment-retaliation status checklist form when they report and cooperate with offender sexual abuse or sexual harassment investigations or inquiries. Reporters or witnesses who voice they have no concerns regarding potential retaliation will not receive further monitoring. Reporters and witnesses will sign the assessment-retaliation status checklist form showing they have no concerns regarding potential retaliation. The PREA site coordinator will report all evidence of retaliation to the CAO or designee to ensure an inquiry or investigation is initiated in accordance with department procedures. If possible retaliation is suggested, the PREA site coordinator will act promptly to remedy any such retaliation and protect the individual.

The PREA site coordinator will ensure victims, reporters, and witnesses that report a fear of retaliation or possible victims of retaliation be offered emotional support services. Emotional services for offender victims, reporters, or witnesses include but are not limited to a referral to mental health, chaplain, or advocacy when appropriate. Emotional services for staff member reporters or witnesses include but are not limited to, the employee assistance program, peer action and care team referral, and/or chaplain referral. All action taken to remedy retaliation or services offered to the victims or suspected victims will be noted on the assessment-retaliation status checklist form.

In the event that a victim is transferred during a period of monitoring, the PREA site coordinator will forward the assessment-retaliation status checklist form to the PREA site coordinator in the receiving institution. The PREA site coordinator at the receiving institution will ensure monitoring continues as outlined in this procedure. The PREA site coordinator will ensure the completed assessment-retaliation status checklist form is returned to the originating institution to be filed in the PREA incident file for future audits. If released to a community confinement facility monitoring will continue. If released to a field probation and parole office, monitoring will stop.

In the event the allegations are determined to be unfounded the agency will terminate monitoring.”

The site coordinator is responsible for monitoring retaliation.

The auditing team reviewed the twelve PREA investigations done in the past 24 months and found retaliation monitoring occurred in all of the cases.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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FRDC has policy that prohibits the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no inmates placed in involuntary segregated housing.

115.68(a) D1-8.13, Offender Sexual Abuse and Harassment, Section III H pages 16 - 17, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event, the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. When an offender is believed to be in substantial risk of victimization, the shift commander will assess the offender to ensure housing in the least restrictive housing. If TASC is determined to be the least restrictive housing the shift commander will note on the TASC order the offender is being placed in segregated housing due to a PREA risk. The offender will be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator will review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing will not ordinarily exceed a period of 30 days. Every 30 days, the offender will be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. ***SOP: FRDC does not have a protective custody unit and all offenders assigned to TASC as a PREA risk will be evaluated initially via the TASC order and the PREA notification checklist. This will be repeated again with the offender within 72 hours by the administrative segregation committee and, if assigned to segregation, will be evaluated every 30 days by the administrative segregation committee. The administrative segregation committee should note on the Classification Hearing Form (SOP Reference A) the need for further separation and any programs, academic education, or services not provided during the period as a result of the offender's confinement in segregation."

The auditing team interviewed on staff person assigned to segregation. They reported, "If there is no other way to keep them safe, then they would be placed in segregation. If the abuser can be taken away, then the victim can stay where he is if they feel comfortable in doing that. It really depends on the situation. If it involves another offender, the other offender is placed in segregation or transferred to another facility. If it involves staff, then it could be until the staff can be transferred somewhere else.

FRDC reports, "When we have an allegation, we complete the Coordinated Response and then assess the victim for the least restrictive housing. Most of the time the alleged victim is able to remain in their housing unit. If the alleged victim requested protective custody, they would be placed in HU 3."

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All investigations are referred to the PREA Investigative Unit in the Office of Professional Standards.

115.71(a) Policy D1-8.1, Office of Professional Standards, Section III E (3), pages 8 -9 states, "PRISON RAPE ELIMINATION ACT (PREA) UNIT: All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. Upon receiving a report of offender sexual abuse, including staff on offender and offender on offender, the CAO or designee shall ensure the allegation is forwarded to the PREA unit within 2 business days of receipt. Allegations involving offender sexual harassment or offender abuse related to pat searches will be addressed as outlined in the institutional investigators procedure. Within 2 business days of receipt, the PREA unit will determine if the allegation meets PREA definitions or if additional information is needed. If additional information is needed the PREA unit will contact the PREA site coordinator to request the additional information. A written report will be created at the conclusion of any inquiry or investigation and a copy will be provided to CAO and division director or designee. Any action taken as a result of an inquiry or investigation shall be reported to the PREA unit within 5 business days of receiving the report. Upon receiving information that an offender has been sexually abused while assigned to another department facility, the coordinated response for offender sexual abuse will be immediately initiated as outlined in the coordinated response protocol available on the department intranet. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA unit. The PREA unit will ensure notification to the facility is made within 72 hours."

Policy D1-8.4, Institutional Investigations, Section III B pages 3-4 states, "SCOPE OF RESPONSIBILITIES: An inquiry or investigation may be conducted by an institutional investigator when:

- an offender may have engaged in a violation of offender rules; or
- there is staff member on offender sexual harassment

- Allegations of offender sexual harassment or offender sexual abuse related to pat searches or uses of force will be processed in accordance with the PREA coordinated response protocol.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (1) page 20 states, "The department will ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website."

The auditing team interviewed twelve investigative reports from the past 24 months. Both investigators stated that all investigations are initiated with 24 – 48 hours. One investigator reported, "If it is a penetration event then it would be the next business day and if it was a non-penetration event, it would start within several days." Both indicated that anonymous and third party reports would not be handled any differently than victim reported allegations.

115.71(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (2) page 20 states, "Investigators will receive specialized PREA investigation training prior to conducting an investigation involving offender sexual abuse."

FRDC provided training records for one investigator as part of their pre-audit documentation. This investigator completed the specialized investigator training in 2012.

While onsite, the auditor requested the training records for the investigator who conducts the majority of the PREA investigations at FRDC. Training records were provided and this investigator has received all of the required training per national standards and MDOC policy.

Two investigative employees were interviewed. Both reported receiving MDOC's PREA training that all staff receive.

In regards to the specialized training, one investigator reported he had received this training. He stated, "It is geared towards substantive interviews towards victims, providing different methods, allowing victims to have an advocate during the interview, taking breaks during the interview if needed, and gathering enough information for preponderance of the evidence."

The second investigator is still relatively new and has not received this specialized training. He reported, "This training will happen in the future." He also reported that his main function now is to investigate sexual harassment cases. He advised, "The minute touching occurs, the other investigator is called in."

115.71(c) Policy D1-8.4, Institutional Investigations, purpose is "This procedure establishes guidelines concerning the scope and depth of inquiries or investigations conducted by the department's institutional investigators."

The auditing team interviewed two investigators. One investigator stated in regards to the first steps of an investigation, "It depends. You can conduct the interview with the victim first or sometimes you have to process a crime scene first. You identify any witnesses to substantiate the victim's story, gather evidence to get complete picture before you approach the suspect." He went on to state in regards to collecting evidence, "Direct evidence is bagged, tagged and photographed. Circumstantial evidence involves the backgrounds of both victim and perp. You need to look at the big picture."

The other investigator reported, "You would secure evidence for the SANE if it is penetration event. For sexual harassment, you talk to the victim first, then witnesses, then the suspect last." When it came to collecting evidence, he stated, "I would assist the PREA investigators where needed. I would make sure clothing is bagged, sealed and placed in evidence."

115.71(d) Policy D1-8.1, Office of Professional Standards, Section III D (9) page 7 states, "When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall:

- in offender related cases: notify the CAO, who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the worksite should complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO should refer the incident to the appropriate prosecutor's office.
 - for investigations conducted by the PREA unit, OPS investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.
- in employee related cases: notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.

Both investigators stated they would contact with the prosecutor with any evidence before proceeding if a case was going to be referred for prosecution.

FRDC had six PREA allegations with one sustained allegation of offender sexual abuse referred for prosecution in the past 12 months.

115.71(e) Policy D1-8.1, Office of Professional Standards, Section III D (8) page 7 states, "The credibility of a victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as an offender or employee."

The two investigators interviewed reported that all victims and witnesses are credible until proved otherwise. One investigator stated, "When looking at credibility, you have to look at each allegation separately. You need to look into their history and their mental health history."

115.71(f) Policy D1-8.4, Institutional Investigators, Section III C (3) page 4 states, "The institutional investigator will complete a written report at the conclusion of all inquiries and investigations and submit it to the CAO in accordance with the institutional investigator guidelines reference document."

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (3) page 20 states, "Administrative investigations will include an effort to determine whether staff member actions or failure to act contributed to the abuse."

Both investigators reported that reports are kept on all allegations. These reports track the date, time, who, what, when, where, why and how. One investigator stated, "They are written in plain English and in chronological order."

115.71(g)

The two investigators interviewed reported that all victims and witnesses are credible until proved otherwise. One investigator stated, "When looking at credibility, you have to look at each allegation separately. You need to look into their history and their mental health history."

The cases reviewed by the auditing team contained detailed reports and outlined every step the investigator took during the investigation.

115.71(h) Policy D1-8.1, Office of Professional Standards, Section III D (9) page 7 states, "When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall:

- in offender related cases: notify the CAO, who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the worksite should complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO should refer the incident to the appropriate prosecutor's office.
 - for investigations conducted by the PREA unit, OPS investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.
- in employee related cases: notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency.

FRDC had one sustained allegations of offender sexual abuse that was referred for prosecution.

Both investigators report that not every allegation will be referred for prosecution. One investigative staff member stated, "It depends if it gets referred for prosecution. If a statute has been broken, it will be referred. If it's a conduct violation, it will be handled in-house."

115.71(i) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (6) page 20 states, "Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention."

115.71(j) Policy D1-8.1, Office of Professional Standards, Section III H pages 10 -11 states, "RESIGNATION WHILE UNDER INVESTIGATION: If a staff member resigns during an OPS investigation, the CAO shall notify the OPS immediately. The OPS will make every effort to conduct an interview prior to the staff member leaving the worksite. Every effort should be made to complete the investigation. Notification will be provided to the division director or designee when the matter is closed to determine whether the findings should be forwarded to the personnel office and noted in the staff member's permanent personnel file. In the event the employee or contractor holds a professional license or certification, notification will be made to the division of rehabilitation services that will make notification to the appropriate professional licensing and/or certification organizations. The departure of the alleged subject or victim from employment or control of the department shall not provide a basis for terminating the investigation."

Both investigators reported that investigations would continue even if the abuse leaves the facility or is released from MDOC. One stated, "I would make sure I have an accurate home address so that an interview can be completed." The other investigator reported, "I will still complete the investigation. If they are transferred to another institution, I would contact another investigator to conduct the interview."

115.71(k) N/A

115.71(l) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III J (5) page 20 states, “When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA manager will request all responsible sheriff departments follow PREA standards when conducting offender sexual abuse investigations.”

Investigators reported, “We would schedule the times for interviews and give them clearance. We would set up the interview rooms for them. Homicide is the only time an outside agency would assist on an investigation.” The other investigator added, “We would assist them in collecting evidence.”

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

115.72(a) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III J (4) page 20 states, “Administrative investigations will impose no standard higher than the preponderance of evidence in determining whether an allegation of offender sexual abuse or harassment is substantiated.”

Both investigators stated they would use the preponderance of the evidence to determine guilt. One investigator stated, "Preponderance of the evidence is 51%."

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been indicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has a policy requiring that any inmate who makes an allegation that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

115.73(a) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (1) page 21 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA manager will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form."

Both investigators stated they would not notify the inmate the outcome of an investigation, One reported, "This is not done by the investigator; but is the case manager's role."

FRCD reported they would complete a notification form and provide that information to the inmate."

In the past 12 months, FRDC advised six PREA investigations were conducted. Offender notification of allegation finding were made on all six cases.

115.73(b) N/A FRDC utilizes institutional investigators to conduct all investigations.

115.73(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (a) page 21 states, "All subsequent notifications will be made when:

Staff member on offender allegations: following the completion of an inquiry or investigation, the offender will be notified when the following occurs (unless the inquiry or investigation is unfounded):

- The staff member perpetrator is no longer assigned to the housing unit.
 - The staff member perpetrator is no longer employed by the department.
- The staff member perpetrator has been indicted on a charge related to sexual abuse within the institution.
- A disposition of charges exists related to sexual abuse within the institution."

115.73(d) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (b) page 21 states, "Offender on offender allegations: following the completion of an inquiry or investigation, the offender will be notified when the following occurs:

- The offender has been indicted on a charge related to sexual abuse within the institution.
- A disposition of charges exists related to sexual abuse within the institution.

115.73(e) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (4) (c) page 21 states, "The departmental PREA manager will forward the written notification to the offender via the PREA site coordinator.

- The PREA site coordinator will ensure that the written notification is provided to the offender in a confidential manner
- The original notification will be signed by the offender and witnessed by a staff member.
 - The offender will be offered a copy of the letter, but will have the right to decline the letter.
- The original notification will be forwarded to the department's PREA manager for tracking.
- (In the event the offender has been released from custody and is not being housed in the community release center or the community supervision center and the duty to report ends.

FRDC provided the auditor a copy of a blank notification form titled, "PREA Alleged Sexual Abuse by Offender Notification."

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. There have been no staff who have been disciplined, terminated or resigned for violating the agency sexual abuse and sexual harassment policies.

115.76(a) Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, “In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel.”

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (1), page 24 states, “Staff members will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures.”

115.76(b)(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (2), page 24 states, “Termination from the department will be the presumptive disciplinary action for staff members who have engaged in sexual abuse.”

115.76(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (3), page 24 states, “All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement.”

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies.

In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of inmates.

115.77(a)(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III P (4) page 24 states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse will be prohibited from contact with offenders and will be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility will take appropriate measures and consider whether to prohibit further contact with offenders in the case of any other violations.

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions.

The volunteer site coordinator shall provide the CAO with the recommendation and documentation. If the volunteer is a multi-location volunteer, the volunteer site coordinator requesting the disciplinary action shall provide a copy of the documentation to the volunteer site coordinator at the home base location and/or all other additional locations. If the CAO concurs, and the discipline requires suspension, the volunteer will be suspended and notified in writing within 5 working days that he is suspended and that the recommendation for disciplinary action is being sent to the volunteer services coordinator. The CAO shall forward a recommendation for disciplinary action to the supervisor of department volunteer services with all pertinent documentation. The volunteer services coordinator shall determine what, if any, disciplinary sanctions are warranted. Within 10 working days of receipt of the recommendation, the supervisor of department volunteer services shall provide written notice of discipline sanctions to the volunteer, CAO, volunteer site coordinator, and volunteer supervisor at all locations where the volunteer was approved to provide services..."

FRDC reports that any contractor or volunteer that is found to have engaged in sexual abuse of an inmate would be banned from the facility.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

At FRDC inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. If an inmate makes a report in good faith, there will be no disciplinary action.

115.78(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (1) page 23 states, "Offenders will be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 1 and 2 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others."

FRDC reported no instances of administrative findings of inmate-on-inmate sexual abuse in the base 12 months.

115.78(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (2) page 24 states, "Sanctions will be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

116.78(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (3) page 24 states, "The disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, will be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process, it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded."

In the past 12 months, there have been no substantiated cases where an inmate's mental disability or mental illness contributed to his behavior when receiving sanctions during the disciplinary process.

115.78(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (4) page 24 states, "If found guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

NOTE: FRDC does not offer any type of sex offender treatment.

115.78(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (5) page 23 states, "An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

115.78(f) Auditor reviewed the Disciplinary Sanction Sheet that outlined the disciplinary process for forcible sexual abuse. This process outlines the responsibilities of the Adjustment Hearing Board as well as a Qualified Mental Health Professional. The process also states, "PREA mandates that the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, shall be imposed. If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits. In this process, it also states that an offender will not be issued a conduct violation for sexual misconduct involving a staff member unless the sexual activity is forced upon the staff member by the offender. In addition it states a report of offender sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation or the allegation is unfounded."

115.78(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III O (6) page 23 states, "The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and will be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmates housed at FRDC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to inmates who have previously perpetrated sexual abuse. Informed consent is obtained from inmates unless they are under the age of 18.

115.81(a)(c) IS11-32 Receiving Screening – Intake Center, Section III B (8) (b) page 3 states, “If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of the intake screening.”

Auditor also reviewed the PREA Risk Assessment Manual --- many questions remind users that if marked “yes” they need to contact mental health. For example Question 1 of the Risk Assessment:

1. Have you ever been approached for sex/threatened with sexual abuse while incarcerated? (If the offender offers any information with regards to incident place information in the comments box, it is not necessary to get specific details. Determine if the incident was reported. Has the assailant been added to the victim's enemy listing? Determine if the offender needs Protective Custody or a Mental Health Referral...”

Staff who conduct the risk screening stated that a mental health referral is completed immediately. One intake staff person stated, “They are asked immediately if they want to mental health or medical. If it is not an immediate need, then a mental health referral is completed.”

115.81(b) IS11-32 Receiving Screening – Intake Center, Section III B (8) (c) page 3 states, “If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a QMHP within 14 days of the intake screening.”

Staff who conduct the risk screening stated that a mental health referral is completed immediately. One intake staff person stated, "They are asked immediately if they want to mental health or medical. If it is not an immediate need, then a mental health referral is completed."

115.81(d) IS11-32 Receiving Screening – Intake Center, Section III B (5-6) page 3 states, "When the intake mental health screening form is completed by health services staff members, the original of the form will be sent to the institutional chief of mental health services (ICMHS) or designee. A copy should be filed in the hard copy health services record when the department computer system has not been utilized as the documentation of this screening. The designated qualified mental health professional (QMHP) shall assign a disposition as outlined at the bottom of the intake mental health screening form and sign the completed form. The original of the completed form shall be filed with the copy in the offender's health services record."

If an offender's medical or mental health condition precludes placement in the designated area, the case management staff member should be notified immediately by the health services staff members identifying the need for a change of placement. Special housing unit recommendations will be made in accordance with institutional services procedures regarding communication on offender special health needs and communicated to the case management staff members. Health services staff members will document the information in the department computer system."

115.81(e) IS11-32 Receiving Screening – Intake Center, Section III B (8) (d) page 3 states, "Health services staff members may obtain informed consent from offenders in accordance with institutional services before reporting information about prior sexual victimization. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws."

FRDC Medical Staff reported, "Because of HIPAA we are required to obtain a Release of Information."

NOTE: FRDC does not house youthful inmates.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No

- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Inmate victims of sexual abuse at FRDC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

115.82(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (1) and (17) pages 17 and 19 state, "Victims of sexual abuse will receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment."

"Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate."

Auditor reviewed Corizon's Contractual Requirements. On page 43 it states, "Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment."

FRDC's Coordinated Response to Offender Sexual Abuse addresses medical and mental health responsibilities for a penetration event and a non-penetration event.

For a penetration event:

Medical will:

- Assess the offender and process the medical out count to a hospital that utilizes Sexual Assault Nurse Examiners (SANE) to collect forensic evidence for an examination.
 - The listing of SANE hospitals can be found on the PREA intranet page. .
- If the alleged victim refuses to submit to a forensic examination after speaking with the investigator, medical will have the offender sign the medical refusal form which will be forwarded to the PREA Site Coordinator to be attached to the PREA Event Checklist.
- Provide follow-up care upon offender's return from the medical out count.

Mental Health:

- Mental Health will respond within 2 hours of the offender's return from the medical out count.

For a non-penetration event:

- Mental health – Mental Health Referral Form – will respond no later than the next business day

FRDC one medical staff stated, "They are seen within 24 hours if in a crises. The Chief of Mental Health would be notified. There would be a mental health referral for any other circumstances and they (the offender) would be seen with 5 -7 days."

Another medical staff person stated, "They are seen the same day for the SANE exam but generally it is the third day they are given a physical exam. If anything comes from that, intake will notify medical and a referral is submitted."

115.82(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (16) page 19 states, If no qualified medical or mental health practitioners are on duty at the time a report of a penetration event that occurred within 120 hours within a correctional facility, or 92 hours within a community confinement facility, custody staff first responders will take preliminary steps to protect the victim and will immediately notify the appropriate medical and mental health practitioners."

115.82(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (8) page 18 states, "Alleged victims of offender sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however slight, by hand, finger, object instrument, or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standards of care, where medically appropriate."

Auditor reviewed Corizon's Contractual Requirements. On page 43 it states, "Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center."

All medical staff interviewed stated that information would be provided that same day. One medical staff member stated, "Yes they would be seen by the SANE nurse and the Infection Control Nurse would provide timely information and education."

Inmates who reported sexual abuse stated they were seen by medical the day they reported the allegation.

115.82(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (18) page 19 states, "Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC offers medical and mental health evaluations/treatment to all inmates who have been victimized by sexual abuse in any confinement settings. They also offer tests for sexually transmitted infections as medically appropriate. (NOTE: FRDC is a male only facility.)

115.83(a)(b) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (19) pages 19 -20 state, "Each victim and abuser will be offered medical and mental health evaluations, and as appropriate, treatment to include appropriate follow-up services and treatment plans. When necessary, referrals will be completed for continued care following their transfer to, or placement in, other facilities or their release from custody."

115.83(c) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (20) page 20 states, "Victims and abusers will be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services."

When FRDC medical staff was about the level of care being that same as the community, they reported, "Yes, definitely."

115.83(d)(e) N/A FRDC is a male only facility.

115.83(f) Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III I (17) page 19 states, "Victims of sexual abuse will be offered timely information and access to emergency contraception and prophylactic treatment for sexually transmitted infections in accordance with professionally accepted standards of care, where medically appropriate."

115.83(g) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (18) page 19 states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

115.83(h) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III I (11) page 19 states, "Upon receiving a report of a substantiated case of offender sexual abuse the PREA site coordinator will submit a referral and screening note - health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse."

FRDC medical staff stated, "The perpetrator would be offered mental health services and would be given a head to toe assessment as well to determine if they have any injuries that need to be treated."

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

FRDC conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. They do this within

30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and any recommendations they may make.

115.86(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, page 24, Section III (I) states, “Each facility will conduct a sexual abuse incident debriefing at the conclusion of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded.”

FRDC provided one example of a 2017 debriefing with their pre-audit questionnaire.

115.86(b) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (2) page 20 states, “Debriefings will be held within 30 days of the conclusion of a formal investigation or inquiry.”

FRDC provided one example of a 2017 debriefing with their pre-audit questionnaire.

115.86(c) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (3) page 20 states, “The review team for offender sexual abuse events will include the PREA site coordinator, and other upper level administrators, when applicable, with input from supervisors, investigators, and medical or mental health practitioners, when applicable.”

FRDC provided one examples of a 2017 debriefing with their pre-audit questionnaire.

The Site Coordinator reported, “FRDC does have sexual abuse incident review team.”

115.86(d) FRDC provided a blank copy of the debriefing form

115.86(e) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III K (4) pages 20 -21 states, “A complete written report will be prepared by the CAO or designee outlining in detail the findings of the debriefing sessions and recommendations for improvements utilizing the PREA sexual abuse debriefing form. The facility will implement the recommendations for improvement, or will document its reasons why recommendations will not be implemented. A copy of the debriefing will be submitted electronically to the assistant director and the PREA manager. A copy of the report will be filed in the institutional PREA event file.”

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually.

115.87(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III Q pages 24 – 25 state, “Annual Site Report: Each facility will utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA manager by the last working day in March.

1. The report will include:

- identified problem areas,
- recommendations for improvement,
- corrective action taken,
- if recommendations for improvements were not implemented, reasons for not doing so,
- a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
- an evaluation of the need for camera and monitoring systems,
- in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - the staffing plan,
 - the deployment of video monitors, and
 - the resource availability to adhere to the staffing plan.
- The yearly report will be submitted to the division director and the department PREA manager no later than the last working day in March.

Agency Report: The PREA manager will prepare an annual report compiling each facility’s current year’s data and corrective actions.

1. The report will include:

- a comparison with prior year's data,
- corrective actions, and
- an assessment of the department's progress in addressing offender sexual abuse.
- The report will be forwarded to the department director for approval by the first of September.
- The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.
 - The CAO or designee, PREA manager, or department director will indicate the nature of the material edited.
- The department's annual PREA report will be made available to the public on the department's internet website.

Auditor reviewed the aggregated data for 2016. This data broke down PREA cases for each facility in the MDOC. It tracks location, event creation date, date of event, type, agency case number, even number, findings and date case was closed.

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

115.87(e) N/A FRDC does not contract for the confinement of its inmates.

115.87(f) FRDC completes the SSV each year.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88(a)(b)(c)(d) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III Q pages 24 – 25 state, "Annual Site Report: Each facility will utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA manager by the last working day in March.

2. The report will include:

- identified problem areas,
- recommendations for improvement,
- corrective action taken,
- if recommendations for improvements were not implemented, reasons for not doing so,
- a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse,
- an evaluation of the need for camera and monitoring systems,
- in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to:
 - the staffing plan,
 - the deployment of video monitors, and
 - the resource availability to adhere to the staffing plan.
- The yearly report will be submitted to the division director and the department PREA manager no later than the last working day in March.

Agency Report: The PREA manager will prepare an annual report compiling each facility's current year's data and corrective actions.

2. The report will include:

- a comparison with prior year's data,
- corrective actions, and
- an assessment of the department's progress in addressing offender sexual abuse.
- The report will be forwarded to the department director for approval by the first of September.

- The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility.
 - The CAO or designee, PREA manager, or department director will indicate the nature of the material edited.
- The department's annual PREA report will be made available to the public on the department's internet website.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to FRDC.

Auditor reviewed the 2016 PREA breakdowns for each facility in the MDOC.

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89(a) The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet.

115.89(b) D1-8.13 Offender Sexual Abuse and Harassment, Section III Q (2d) page 25 states, "The department's annual PREA report will be made available to the public on the department's internet website."

Auditor reviewed the MDOC 2016 PREA Annual Report. This report contained information on the progress the department made in 2015 in PREA, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <http://doc.mo.gov/OD/PREA/php>.

115.89(c) D1-8.13 Offender Sexual Abuse and Harassment, Section III Q (2c) page 25 states, "The CAO or designee, PREA manager or department director will edit specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The CAO or designee, PREA manager, or department director will indicate the nature of the material edited."

115.88(d) According the Agency Records Disposition Schedule (Inspector General Section), this information is retained for five years, and then it is destroyed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☒ Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☒ Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.401(a)(b) MDOC currently has twenty-two state operate adult facilities and seven community supervision centers. During the first audit cycle, every state operated prison and community supervision center was audit. The following is a breakdown:

- 2014: 2 state prisons

- 2015: 14 state prisons, 3 community supervision centers
- 2016: 6 state prisons, 4 community supervision centers

For the next audit cycle, MDOC has had 11 state prisons audited in 2017.

115.401(h)(i)(m)(n) During the FRDC audit, the auditor had complete access to every facet of the facility. Every request for documentation was granted. Site Coordinator Dan Redington lead the onsite tour. The auditing team viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was missing in some of the units and they were quickly replaced by administration. In all living units, toilets and shower stalls all had appropriate coverings. The "Notice of PREA Audit" was also clearly visible throughout the tour.

In addition to the living units, intake, medical area, outside recreation, inside recreation, dining areas, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked.

FRDC provided confidential locations for the auditing team to interview inmates and staff.

FRDC provided appropriate accommodations for the auditors to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The Site Coordinator and Warden were readily available to answer any questions and assist in any way. Staff at FRDC was extremely helpful and polite throughout the entire process.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MDOC has published every PREA compliance audit on their website. The audits are arranged by year and are easy to view and navigate.

MDOC's PREA compliance audits can be found by clicking on the "Learn more about PREA" link on the MDOC's home page (<https://doc.mo.gov>). You will then be taken to this page, which contains links to the compliance audits and annual reports: <https://doc.mo.gov/OD/PREA.php>

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

/s/ Elisabeth Copeland

Auditor Signature

November 28, 2017

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See PREA Auditor Handbook, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 22 July 2018

Auditor Information

Name: Marc L. Coudriet

Email: usmc5831@ec.rr.com

Company Name:
3D PREA Auditing & Consulting, LLC

Mailing Address: 5630 Paradise Drive

City, State, Zip: Midlothian, Texas 76065

Telephone: 910-750-9005

Date of Facility Visit: 27-29 June 2018

Agency Information

Name of Agency:
Missouri Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Missouri

Physical Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO, 65101

Mailing Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO, 65101

Telephone: (573) 751- 2389

Is Agency accredited by any organization?
☒ Yes ☐ No

The Agency Is: ACA

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency mission: The department is dedicated to the public safety of all Missourians and works to make Missouri safer. We foster rehabilitation, treatment and education to help ensure that justice-involved Missourians contribute to their communities, both inside and outside our walls.

Agency Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.html>

Agency Chief Executive Officer

Name: Anne Precythe

Title: Missouri Department of Corrections/Director

Email: Anne.Precythe@doc.mo.gov

Telephone: (573) 526-6607

Agency-Wide PREA Coordinator

| | |
|--|---|
| Name: Vevia Sturm | Title: Agency PREA Coordinator |
| Email: Vivia.Sturm@doc.mo.gov | Telephone: (573) 522-3335 |
| PREA Coordinator Reports to: Matt Briesacher, Director, Office of Professional Standards | Number of Compliance Managers who report to the PREA Coordinator 0 |

Facility Information

| | | | |
|---|-----------------------------------|---|---|
| Name of Facility: Moberly Correctional Center | | | |
| Physical Address: 5201 South Morley Street, Moberly, MO 65270 | | | |
| Mailing Address (if different than above): | | | |
| Telephone Number: (660) 263-3778 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: The department is dedicated to the public safety of all Missourians and works to make Missouri safer. We foster rehabilitation, treatment and education to help ensure that justice-involved Missourians contribute to their communities, both inside and outside our walls. | | | |
| Facility Website with PREA Information: http://doc.mo.gov.OD/PREA/php | | | |

Warden/Superintendent

| | |
|-------------------------------------|----------------------------------|
| Name: Dean Minor | Title: Warden |
| Email: Dean.Minor@doc.mo.gov | Telephone: (660) 263-3778 |

Facility PREA Compliance Manager

| | |
|---|----------------------------------|
| Name: Teresa Thornburg | Title: Deputy Warden |
| Email: Teresa.Thornburg@doc.mo.gov | Telephone: (660) 263-3778 |

Facility Health Service Administrator

| | |
|---------------------------------------|---|
| Name: Bonnie Boley | Title: Health Services Administrator |
| Email: Bonnie.Boley@doc.mo.gov | Telephone: (660) 263-3778 |

Facility Characteristics

| | | | |
|--|-------------------------------------|---|--|
| Designated Facility Capacity: 1800 | | Current Population of Facility: 1733 | |
| Number of inmates admitted to facility during the past 12 months | | | 1330 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 1330 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 1330 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 28 |
| Age Range of Population: | Youthful Inmates Under 18: 0 | Adults: 18-78 | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 3 |
| Average length of stay or time under supervision: | | | 9.7 months |
| Facility security level/inmate custody levels: | | | Custody Level 2 |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 416 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 65 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 66 |
| Physical Plant | | | |
| Number of Buildings: 33 | | Number of Single Cell Housing Units: 1 | |
| Number of Multiple Occupancy Cell Housing Units: | | 4 | |
| Number of Open Bay/Dorm Housing Units: | | 1 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 159 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): DVR Monitoring Systems, DSSRV, and various cameras are placed throughout the facility. Upgrades from analog to digital systems are ongoing. | | | |
| Medical | | | |
| Type of Medical Facility: | | 24/7 Nursing Care including on call emergency capabilities. Forensic examiners are available on-site. | |
| Forensic sexual assault medical exams are conducted at: | | Lincoln County Medical Center & University Hospital | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | | | 107 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 31 |

Audit Findings

Audit Narrative

Prior to the audit, Moberly Correctional Center (MCC) did not provide the auditor with appropriate policies, procedures and facility documentation related to the standards for review, thus giving MCC a non-compliance. On the second day of the site visit, the appropriate policies, procedures and facility documentation were given to the auditor and an agency-wide written document correcting this action was sent via email correspondence. Offenders from MCC provided information to the auditor via U.S.P.S. mailed correspondence; all information received was reviewed, follow on questions with the offenders and answers to those questions were exchanged in person and all areas of concern were added to the auditor's inspection tasks during the on-site audit. All offenders that were interviewed at MCC stated they feel they are in a safe environment. The audit was coordinated through 3D PREA Auditing & Consulting, LLC. The audit began at 8:00 a.m., following the introductory meeting with Warden Dean Minor; Deputy Warden Teresa Thornburg; Deputy Warden Lisa Pogue; Assistant PREA Compliance Manager Megan Morrison; Major Brian Meyers; Health Services Administrator Bonnie Boley, Mental Health Administrator Debbie Willis and Agency PREA Coordinator Vivia Sturm. Assistant PREA Compliance Manager Megan Morrison assisted the auditor during the audit and tour process and Agency Assistant PREA Coordinator Vivia Sturm was present during this audit as the Agency liaison and to provide insight and guidance on Agency-wide policies as it pertaining to the PREA Program. Assistant PREA Compliance Manager Megan Morrison accompanied this auditor as I toured the facility multiple times throughout this audit. All areas of MCC were toured including, intake, all offender housing units, restrictive housing, the medical area, food service, education, law library, work areas and the recreation areas. The auditor informally interviewed (1) first responder; (7) contract staff/administrative support staff, security staff, and (12) offenders during the multiple tours of the facility.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. This auditor reviewed each item on the Pre-Audit Questionnaire and additional material sent prior to the audit visit. A Notice of PREA Audit was sent to the Moberly Correctional Center (MCC), notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditing agency and advised staff and offenders that the onsite portion of the PREA audit will be conducted on June 27 -29, 2018.

The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was posted throughout the facility. In all living units, toilets and shower stalls all had appropriate coverings. While touring MCC the auditor viewed the intake room and was viewed orientation packets. These packets included information on PREA in accordance with the PREA standards. The intake officer was also able to show the orientation packets were available in various languages and in large print. The auditor also viewed the strip search room located behind a door and operated by male staff only. In addition to the living units, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked

On Wednesday, this auditor conducted formal interviews with (22) Random staff; (1) Agency Contract Administrator's designee; (5) Intermediate or higher level facility staff; (1) Chaplin; (2) Medical/Mental Health staff; (1) Administrative Human Resource staff; (1) Volunteer/Contractor who has contact with offenders; (2) Staff who performs screening for risk of victimization and abusiveness; (3) Staff who supervise offenders in restrictive housing; (1) Staff on the incident review team; (1) Designated staff member charged with monitoring retaliation; (1) First Responders - security and non-security; and (2) Intake staff.

On Thursday, this auditor conducted formal interviews with (1) Investigative staff; (1) SANE/SAFE staff; (27) Random offenders; (7) LGBT offenders; (2) Offenders with disabilities; (1) Limited English Proficient offenders; (1) offenders who report sexual abuse or harassment and (2) offenders who reported previous abuse or harassment during the intake screening, and (3) Offenders in restrictive housing. Formal interviews were conducted with staff from all shifts, during the audit a total of (53) staff and (55) offenders were formally or informally interviewed. Formal interviews were conducted utilizing the approved PREA questionnaires from the PREA Resource Center. The random sample of offenders was selected from the high security and general housing population. This facility has one investigative staff who cover this region regularly, additional investigative staff can be assigned to this region if necessary.

Many offenders interviewed stated MCC has a safe quality of life, their main issue of content the lack of air conditioning in the housing units. During the offender interviews, the offenders stated the atmosphere in MCC is a positive and respectful environment; they have established professional and respectful interactions between the staff and offender population.

MCC provided appropriate accommodations for the auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. The facility Assistant PREA Compliance Manager Megan Morrison and Agency Assistant PREA Coordinator Vivia Sturm were readily available to answer any questions and assist in any way. Staff at MCC was extremely helpful and polite throughout the entire process.

Facility Characteristics

Moberly Correctional Center is a Missouri Department of Corrections state prison for men located in Moberly, Randolph County, Missouri. According to the Official Manual State of Missouri the facility has a capacity of 1800 medium- and minimum-security prisoners. The facility opened in January 1963, built from a design by St. Louis architect Marcel Boulicault.

The current population at MCC is 1,733 adult male offenders. During the past 12 months 1,330 offenders have been admitted to this facility. Of this number, 1,330 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 18 -78 with custody levels being a Level II.

General Population Unit, the units are divided into wings with two floors, the wings are controlled by a central control unit. There is a dayroom area in each wing where the offenders can visit other offenders within their assigned wings. Corrections Officers supervise the offenders and provide for the security and safety of the housing unit. Each house has at least three Case Managers.

Classification staff maintains the offender's classification files to include filing documents and making appropriate chronological entries. They also complete regular Reclassification Analysis (RCA's) and update these as changes occur and process visiting applications.

MCC has an onsite medical facility that provides most medical services with a 24-hour infirmary care. The Missouri Department of Corrections contracts with Corizon to provide medical care to the offender population. They are responsible for all medical requests the offenders need daily. The medical unit is accredited by the National Commission on Correctional Health Care; it does provide forensic sexual assault medical exams. MCC does not house youthful offenders. MCC provides programming, classification and treatment to enhance individualized offender progression. MCC provides several work details, private industry employment and vocational programs to offenders. Offenders at MCC are provided with several recreational activities. MCC maintains a camera monitoring system which enhances staff supervision of offenders.

Summary of Audit Findings

Number of Standards Exceeded: 1

Standard 115.31: Employee training

Number of Standards Met: 44

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator Standard 115.12: Contracting with other entities for the confinement of inmates; Standard 115.13: Supervision and monitoring; Standard 115.15: Limits to cross-gender viewing and searches Standard 115.16: Inmates with disabilities and inmates who are limited English proficient Standard 115.14: Youthful inmates Standard 115.17: Hiring and promotion decisions Standard 115.18: Upgrades to facilities and technologies Standard 115.21: Evidence protocol and forensic medical examinations Standard 115.22: Policies to ensure referrals of allegations for investigations; Standard 115.32: Volunteer and contractor training Standard 115.33: Inmate education Standard 115.35: Specialized training: Medical and mental health care Standard 115.41: Screening for risk of victimization and abusiveness Standard 115.42: Use of screening information Standard 115.43: Protective Custody Standard 115.51: Inmate reporting Standard 115.52: Exhaustion of administrative remedies Standard 115.53: Inmate access to outside confidential support services Standard 115.54: Third-party reporting Standard 115.61: Staff and agency reporting duties Standard 115.62: Agency protection duties Standard 115.64: Staff first responder duties Standard 115.67: Agency protection against retaliation Standard 115.65: Coordinated response Standard 115.66: Preservation of ability to protect inmates from contact with abusers Standard 115.68: Post-allegation protective custody Standard 115.71: Criminal and administrative agency investigations Standard 115.72: Evidentiary standard for administrative investigations Standard 115.73: Reporting to inmates Standard 115.76: Disciplinary sanctions for staff Standard 115.77: Corrective action for contractors and volunteers Standard 115.78: Disciplinary sanctions for inmates Standard 115.81: Medical and mental health screenings; history of sexual abuse Standard 115.82: Access to emergency medical and mental health services Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers Standard 115.86: Sexual abuse incident reviews Standard 115.87: Data collection Standard 115.88: Data review for corrective action Standard 115.89: Data storage, publication, and destruction Standard 115.403: Audit contents and findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

Corrective action was taken by the Warden during the on-site visit to eliminate a high-risk area changing the risk from non-compliant to compliant. Missouri Department of Corrections administratively corrected the non-compliance for failure to submit the facility's documentation as required in the PREA program and Standard 115-104. This corrective action was completed on the last day of the on-site visit turning this non-compliance to compliant.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

It is this auditor's observation that the MCC PREA Compliance Manager, Deputy Warden Teresa Thornburg does not have sufficient time to fulfill the duties and responsibilities required for this position, however, MCC was found compliant for this standard as the created an Assistant PREA Compliance Manager, Megan Morrison; with this second person, MCC meets the criteria of 115.11 (c) as long as the assistant PREA Compliance Manager position is retained or Deputy Warden Teresa Thornburg reduces her workload/responsibilities in order to effectively manager he PREA program requirements.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☐ Yes ☒ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Moberly Correctional Center (MCC) does not contract for confinement of inmates. The agency contracts with community confinement facilities through the Division of Probation and Parole. The MDOC Division of Probation and Parole policy P4-6.1 dictates compliance with this standard. The agency contract administrator generates the contracted agreement(s) and the division of probation and parole monitors compliance with the PREA Standards. The division of probation and parole conducts audits of each residential facility twice annually. In turn the division of probation and parole makes audit information pertaining to PREA available to the MDOC PREA Coordinator.

Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of offenders. The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards. This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment. The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10) (11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing." Auditor reviewed MCC's "Security Camera PREA Report." MCC has cameras throughout the institution.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC does not house youthful inmates, however, MCC has policies in place that prohibit placing youthful offenders in a housing unit in which they will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common, space, shower area, or sleeping quarters.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters..." This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☐ Yes ☒ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☐ Yes ☐ No ☒ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC is a male only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of offenders. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of offenders.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 states, "Cross-gender strip searches are not allowed except in exigent circumstances.

Policy IS20-1.3, "Searches", page 8, states, "To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances.

Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons.” In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has established procedures to provide disabled offenders and offenders with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state the department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language.

If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment.

MCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish. Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Policy D5-5.1, "Offenders who are deaf or hard of hearing shall have access to teletypewriters and/or free access to roll free numbers for telephone relay systems." MCC has one telecommunications device which the functional unit manager/caseworker is directed by policy to take appropriate steps to ensure that all employees having contact with an offender who deaf and hard of hearing are made aware of the person's need for effective communication and how to achieve it.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has several policies in place that prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource director states that criminal background checks are done for all newly hired and returning employees.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. MCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012. Policy SOPD4-4.8 "Security Camera Operations," page 6, states, "Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cell, et., occur shall be designated as same gender posts with approval from the appropriate deputy division director."

While touring the MCC it was noted that the facility had adequate camera coverage, recommend upgrading to an all-digital system with 360 viewing capabilities and additional cameras in the work areas. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at MCC follow a uniform evidence protocol. Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams. Victim advocates are made available to all victims. Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDOC. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon.

Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center." If an advocate is not available, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. Facility also has established a PREA Advocate Availability Rotation Schedule.

The auditor did review three Corizon files that included Sexual Allegation Notification Form. This is the form Corizon staff completes upon such notification. It includes a brief incident of the event and notifications Corizon staff has made. Corizon also uses a form that documents whether an advocate was requested. The offender must sign the form indicating whether they are requesting an advocate or refusing advocated services. All three files viewed contained both forms and signed refusals advocate services.

The Inspector General's Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to their region. MCC currently has one on site investigator. MCC is responsible for administrative investigations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website..."

Policy D1-8.4 Administrative Inquiries, page 6, reads “The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third-party allegations, in accordance with the department’s procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation.”

MCC provided examples of their coordinated response as well as several investigations, one of which was referred for prosecution. An example of the tracking form used by the facility was also provided. Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <https://doc.mo.gov/programs/PREA>

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee’s facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training?
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member always or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training and PREA Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Training logs were reviewed, and all staff interviewed during this audit was able to describe all portions of the training they received on PREA.

Policy D1-8.13, Offender Sexual Abuse and Harassment, states, all staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. MCC employees have received the PREA Refresher Training.

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member always or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from Corizon and Gateway. Auditor reviewed random training records of volunteers and contractors. Volunteer files were reviewed, and all had signed acknowledgments. Contract staff records were reviewed. All had signed acknowledgements.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC provides information to offenders at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

Intake staff stated that PREA information is provided to all offenders on the day they arrive at MCC. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with offenders at MCC, all stated they watched the PREA video and received PREA information upon arrival. The auditor was told the video is played on a continuous loop in the waiting area for all offenders to watch. Auditor also viewed four examples of the offender acknowledgment forms stating they received and understood the PREA education. PREA education is broadcasted on the institutional television channel. Informational PREA posters are also posted throughout the institution in all areas offenders are allowed.”

MCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serb Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille.

Throughout the tour the auditor viewed PREA informational posters in all living units and other areas offenders gathered. These posters were in English and Spanish.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, "All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general's office staff members." Investigator was able to articulate what they received in this training and the basic PREA training that all staff received. The investigator also reported she received training in PREA Crime Scenes and Evidence Collection. The auditor reviewed training logs and found that all 41 investigators have been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, “Medical and mental health staff members shall receive annual specialized PREA training.” Auditor reviewed training rosters indicating that medical employees received a PREA refresher. The auditor viewed a random sample of three participants and found the certificates. Medical/Mental Health Staff states their staff is required to attend that CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain MCC’s coordinated response.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
-
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score." Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these offenders are also reassessed at the 30-day mark to see if any changes have occurred. Auditor did a review an example of "Refusal to Participate" form that offenders can sign if the refuse to participate in the risk assessment. Offenders are also told that no sanctions will be given for refusal to participate.

Offenders that were interviewed reported they were asked about prior sexual abuse. Auditor reviewed MCC's risk screening tool and found all 10 elements in this standard were covered.

The Assistant PREA Compliance Manager reported only case managers have access to the information found on the risk assessment. He reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. This is also stated that this is in policy.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC uses the information from the risk screening required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. MCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, “All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments.”

Assistant PREA Compliance Manager stated that information from the assessment tool is used to determine housing, education and programs. She stated it is the policy and practice of MCC not to house potential victims with potential aggressors. An interview was conducted of a staff person who performs screening for risk of victimization and abusiveness. This staff person stated that it is the policy of MCC not to house Alphas and Sigmas together.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has policy that prohibits the placement of offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Policy D1-8.13 Offender Sexual Abuse and Harassment, states "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety.

The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs.

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged, and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

Auditor reviewed three PREA notifications for housing placements after reporting an allegation. In the three reviewed, the victim was immediately returned to their original housing units once they signed a PC waiver. On the day of the audit there was no offenders being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated they could not remember the last time an inmate was housed in protective custody due to a PREA incident.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has established multiple procedures for allowing offenders internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Offenders may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by MCC. As of the date of this audit, MCC does not have any offenders who are detained solely for civil immigration purposes.

Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways offenders can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways offenders can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report.

Offenders interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. They also reported they felt most staff took reports seriously and they felt safe at MCC. Information was posted on bulletin boards throughout the facility and housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." Auditor reviewed two PREA Notifications made by anonymous reporters. MCC initiated their coordinate response according to their policy and PREA national standards.

Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has an administrative procedure for dealing with offender grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. MCC also outlines, through policy, where grievance cannot be filed.

MCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, no grievances have been filed.

Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal, this policy supports this standard.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit"

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b) (1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also, on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

MCC provided a Grievance Tracking Log which tracks the month the grievance was filed, the type of grievance, the name of the offender, date received, 70-day extension, date completed, calendar days, declined 3rd party assistance, alleged substantial risk of imminent sexual abuse, move forward with PREA Emergency IRR, Emergency Initial Response within 48 hours, Emergency Final Response within 5 days, and disciplinary action taken against offender for filing grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC provides offenders with outside access to victim advocates for emotional support services related to sexual abuse. They also inform offenders prior to given them access to outside supports, the extent to which such communications will be monitored. MCC maintains a MOU with Audrain County Crises Interventions Services (ACCIS) to provide advocates.

SOP version D1-8.13 Offender Sexual Abuse and Harassment, pages 20 -21 covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, "The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions."

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, "Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department. MCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported they could be fired and charged with a crime if they do not report knowledge of sexual abuse and sexual harassment.

Policy D1-8.13 Offender Sexual Abuse and Harassment reads, "Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services."

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as "any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as "Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department."

SOPD1-8.13, Offender Sexual Abuse and Harassment," pages 16 and 17 states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged." MCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility's coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility's goal is to keep the victim separate from their reported abuser.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation. In addition, MCC policy states that allegations received from other facilities are investigated in accordance with PREA standards.

SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Interview with facility administration revealed that any notification MCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General make the determination if an investigation will be opened.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. Policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
- In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary MCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff."

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed three documented examples of a coordinated response. This included reviewing notifications made by security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement.

All staff interviewed stated their responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. All staff are first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment. When talking with volunteers and contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has developed a coordinated response to all sexual abuse incidents. SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17.

Administrative staff articulated all the components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☒ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC has an agreement with Missouri Corrections Officers Association that ends 9/30/2018. Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?
☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has policy in place to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other offenders or staff. SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for offenders and staff.

Auditor interviewed the grievance officer who is responsible for monitoring retaliation at MCC. She advises she asks the offender/victim if there has been in conflict. She also looks for any changes in behavior. She states she does a 30 – 60 – 90 days check in and will continue past that day if necessary.

Administration stated the grievance officer monitors for retaliation and that retaliation is not tolerated. They reported that offenders who report allegations or cooperate with allegations are contacted to see if any types of retaliation from other offenders or staff is occurring. They want to let them know they take allegations seriously. Administration stated that contact should be made every 30 days for at least three months. If needed, monitoring can be extended beyond that time. Administration advised that this type of protection is also given to their employees, contractors and volunteers.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has policy that prohibits the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no offenders placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and 18, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged, and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings.

If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Inspector General conducts all criminal case at MCC. Administrative agency investigations are also conducted at MCC.

Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero-tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office."

Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general's office and they in turn make the determination if an investigation is going to be opened. Auditor reviewed five administrative investigations: all cases were unsubstantiated inmate on inmate sexual harassment. These investigations were concluded within 45 days of the date the report was received.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

MCC also provided examples for this auditor to review. They included interviews with the victim, alleged perpetrator and witnesses. Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has a policy requiring that any inmate who alleges that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The Inspector General's office conducts all criminal investigations and MCC conducts administrative investigations.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

If the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency to inform the offender of the outcome of the investigation. The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated, or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and reported that this is part of policy.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

Auditor reviewed a statewide log that shows staff member, contractors and volunteers that have been disciplined for sexual abuse.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of offenders. Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations."

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions."

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☒ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

At MCC offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action. SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions.

Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature."

This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others." MCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact. Administrative staff report that offenders are not punished for making a PREA allegation if it is made in good faith.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Offenders at MCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse.

SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting."

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, if during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment.

If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated, and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting.

Interviews with offenders stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's) or Case Managers. Offenders stated they have never been denied access to mental health at this facility however sometimes it takes a while to get in due to the number of offenders at MCC. MCC provided copies of the "MCC PREA Event Log" and "MCC PREA Log for Mental Health." This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Inmate victims of sexual abuse at MCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether the victim will be sent off site for a forensic exam.

Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided. Inmate victims of sexual abuse at MCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a prison.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC offers medical and mental health evaluations/treatment to all offenders who have been victimized by sexual abuse in any confinement settings. SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, "Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services."

Auditor reviewed an example of "Referral and Screening Note – Mental Health/Medical Service." This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical. Medical also provided examples of charts demonstrating follow up visits had occurred.

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They compared their services to what a citizen would find at an Urgent Care.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the end of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MCC conducts a sexual abuse incident review at the end of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded. This is completed within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and all recommendations.

SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the end of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director."

Auditor reviewed an example of a review of sexual abuse incidents that resulted from an unsubstantiated disposition. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. This review is also included in the facility's annual report.

MCC reported that in the past twelve months there have been recommendations for improvements that have come from the review of sexual abuse/harassment incidents.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually. Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March.

The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

Auditor reviewed the MDOC PREA Annual Report. This report contained information on the progress the department has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year’s data and corrective actions with those from prior years, and an assessment of the facilities’ progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
 (B) the deployment of video monitors, and
 (C) the resource availability to adhere to the staffing plan.

Auditor reviewed the statewide annual report as well as the report as it relates specifically to MCC. Auditor reviewed the MDOC PREA Annual Report that is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet. According the Agency Records Disposition Schedule, this information is retained for five years, and then it is destroyed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Auditor reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed. The Auditor verified that the MDOC has, beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited.

Warden Dean Minor and the staff of MCC opened the entire facility for this auditor, to ensure complete transparency of all records and freedom of speech from the offenders and staff alike. During the tour, the auditor noted all potential risk areas in the facility, these areas of risk were mitigated through the use mirrors, direct supervision of staff, physical plant acoustics of the housing areas, the unobstructed view of interior windows, changes to internal protocols, and security minded placement of furniture in the rooms. With the action being proactively taken, the risk areas were eliminated. All staff personnel were knowledgeable of the PREA program; they were polite, professional, and open to all requirements of this audit.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Auditor reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018>.

The Missouri Department of Corrections has all previous PREA Final Reports from the correctional facilities within its jurisdiction, published on the Agency's website within 90 days after the final report is issued by the auditor.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Marc Coudriet

Marc Coudriet

22 July 2018

Auditor Signature

Date

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report November 22, 2017

Auditor Information

| | |
|--|--|
| Name: Alison Yancey | Email: ayancey@idoc.in.gov |
| Company Name: Click or tap here to enter text. | |
| Mailing Address: 9310 South State Road 67 | City, State, Zip: Pendleton In 46064 |
| Telephone: 765-778-3778 | Date of Facility Visit: October 31, Nov. 1st and 2nd, 2017 |

Agency Information

| | | | |
|---|-----------------------------------|---|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Missouri Department of Correction | | Missouri Department of Correction | |
| Physical Address: 2729 Plaza Drive P.O. Box 236 | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: Click or tap here to enter text. | | City, State, Zip: Click or tap here to enter text. | |
| Telephone: 573-751-2389 | | Is Agency accredited by any organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. | | | |
| Agency Website with PREA Information: doc.MO.gov | | | |

Agency Chief Executive Officer

| | |
|---------------------------------|---|
| Name: Anne L. Precythe | Title: Director, Missouri Department of Corrections |
| Email: Anne.Precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | |
|-------------------|---|
| Name: Vevia Sturm | Title: PREA Coordinator for the State of Missouri |
|-------------------|---|

| | | | |
|--|---|---|---|
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573-522-3335 | | |
| PREA Coordinator Reports to: Office of Professional Standards | Number of Compliance Managers who report to the PREA Coordinator 0 | | |
| Facility Information | | | |
| Name of Facility: Ozark Correctional Center | | | |
| Physical Address: 929 Honor Camp Lane Fordland, MO 65652 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: Click or tap here to enter text. | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input type="checkbox"/> Prison | |
| Facility Mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. | | | |
| Facility Website with PREA Information: doc.mo.gov | | | |
| Warden/Superintendent | | | |
| Name: Brian O'Connell | | Title: Warden | |
| Email: Brian.OConnell.doc.mo.gov | | Telephone: (417) 767-4491 | |
| Facility PREA Compliance Manager | | | |
| Name: Marty Sirmons | | Title: Deputy Warden | |
| Email: Marty.Sirmons@Doc.MO.Gov | | Telephone: (417) 767-4491 | |
| Facility Health Service Administrator | | | |
| Name: Dortehea D. Wahl | | Title: Health Services Administrator | |
| Email: dd.wahl@corizonhealth.com | | Telephone: (417) 767-4491 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 738 | | Current Population of Facility: 713 | |
| Number of inmates admitted to facility during the past 12 months | | | 691 |

| | | | | |
|---|------------------------------|---|-----------------------------|--|
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 684 | |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 691 | |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | None | |
| Age Range of Population: | Youthful Inmates Under 18: 0 | Adults: 19 to 75 | | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 0 | |
| Average length of stay or time under supervision: | | | 13 months | |
| Facility security level/inmate custody levels: | | | 1 | |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 234 | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 17 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 2 | |
| Physical Plant | | | | |
| Number of Buildings: 59 | | Number of Single Cell Housing Units: None | | |
| Number of Multiple Occupancy Cell Housing Units: | | One Segregation unit with 8 cells. 4 cells are single cell and 4 cells are multiple occupancy | | |
| Number of Open Bay/Dorm Housing Units: | | 2 general population units with open bay no door units. | | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 8 cells | | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): The OCC camera system has coverage as follows: Housing Unit I hallways and restrooms(positioned and blacked out to avoid nudity),Housing Unit II hallways and restrooms(also positioned to avoid nudity),Administrative Segregation hallways and each cell (toilet blacked out),Visiting, Laundry, Inmate property, Education building hallways, Education programs trailer behind the main education building, Drug treatment programs trailers 1 & 2,Canteen, Gym, Library, Chapel, Barber shop, Power house, Food Services & warehouse, Perimeter fence, Outdoor area behind SOD building/food services/recycling The central control room is at the entry building which has the lobby and airlock (sally port). OCC does not have a central monitoring post solely for the camera monitoring function. The control room has monitors that are observing the fence. There is an education officer who both patrols the buildings and observes the halls on camera at that post. The inmate property office has an assigned officer who patrols, assists with property accountability, and has monitoring capability in the visiting room/laundry/property. The unit sergeants conduct supervisory checks and can observe the cameras in their units. The Recreation Director can observe the gym cameras when he is in his office. The canteen manager can observe the canteen cameras. The food service manager and shift supervisors can view the food service area cameras. The administrative segregation officer (gender specific male) has continuous camera observation on the monitor in the control area. The Warden, Deputy Warden of Offender Management, Major, and Investigator can view all cameras on their computers. Data storage of at least 30 days is the design intent. Generally more days than that are stored. | | | | |

| | |
|--|--|
| Medical | |
| Type of Medical Facility: | Corizon staffed with nursing 24 hours per day. No “in patient” beds in medical building. |
| Forensic sexual assault medical exams are conducted at: | Mercy Health Center, Springfield, MO or CORIZON SANE Nurse |
| Other | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | 72 volunteers, 54 contractors |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 10 PREA Unit |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

A PREA Audit was conducted at the Ozark Correctional Center. The audit began on Tuesday October 31st and concluded on Thursday November 2nd, 2017. Assistance was received from Bryan Pearson. Mr. Pearson was present as we toured the facility. Mr. Pearson also interviewed several staff members and reviewed the documents for Human Resources, training records and classifications records to make sure the documentation was being completed as per the PREA policy. The audit began with a "meet and greet" of the Correctional Facility Executive Staff.

OCC has two general population housing units. The unit has a "hub-style" control area for staff and 4 wings off the control area. Each wing has no doors with dorm style living for offenders. There is one segregation building with 8 cells. Other buildings provide food service, health care, maintenance, storage and space for administrative offices. Programs include general library, law library, barbering, and Adult Basic Education and General Education development classes. The prison also has substance abuse treatment programs lasting one year to two years, psychotherapy and religious activities. Offenders are provided on site routine medical and dental care. Serious and emergency problems are treated via local community providers.

Six weeks in advance of the onsite audit, a flyer was sent to Ozark Correctional Center to announce to all offenders and staff that a PREA Audit would be conducted. Offenders were given my address to write me with their concerns. I did not receive any correspondence from any offender housed at Ozark Correctional Center. When I interviewed offenders on site, I did ask them if they had any problems that were not addressed and all the offenders stated "No". The offenders thought the facility was safe and if an offender did have a PREA related problem that staff would address the problem per PREA policy.

The facility sent me a PREA Audit pre-audit questionnaire that was completed for me to review. This is a standard questionnaire that is completed by all facilities that are preparing for a PREA audit. The questionnaire was designed by the U.S. Department of Justice. The facility also sent policy, procedure and other relevant documents to support their answers to show PREA compliance. I reviewed this material two weeks in advance of the onsite audit.

We began by touring the entire facility after our initial meeting with Executive Staff. When visiting the general population units, we noticed from the Control area we could see into the different wings down the aisles. We walked the different wings and looked into each bathroom area. Cameras were in all of these areas. Monitors were in the control area with views of the unit. Custody staff were also walking the different units supervising the offenders. We toured recreation areas, dining areas, the school area and the medical area. All of these areas had cameras so each area could be viewed by supervisory staff. There were Trailer type buildings that housed the Substance abuse program areas. All of these

areas were toured. Each building had either an office or control pod where cameras for the entire areas could be viewed. Each area toured had ample staff to supervise the offenders in their area. During the tour we observed camera placement, reviewed log books, spoke with staff and offenders as we toured the facility. Camera placement was appropriate. The facility was clean and the structure was sound. During the tour of the facility, I observed "Knock and Announce" procedures for female staff entering a unit were also being completed per policy. Also, the bathroom areas were "knock and Announce" since a staff person had to walk into the bathroom to supervise offenders and the area was not visible from the day area. I reviewed log books to see that supervisors were making unannounced rounds to the different housing units. Offenders were able to shower and dress in a covered area unexposed to staff view.

After the tour, we requested documentation from the following departments of the facility, Personnel, Training records, and Investigation files. Ten training records and personnel files were reviewed at random. I had the facility print out an alphabetical listing of all employees. I chose 5 newer employees, 3 employees with five years or less and two employees with over ten years of service to make sure that through the years all employees were being properly trained on all aspects of sexual abuse prevention. All ten of the files were complete and the employees had all received the appropriate training. All files did support the information already sent by the facility for examples of compliance.

Personnel records were reviewed by picking employees randomly from an alphabetical list. Records were reviewed to make sure the facility prohibited hiring or promoting anyone who may have had contact with offenders that had been convicted of engaging or attempting to engage in sexual activity in the community by force or implied threats of force or coercion. I also checked and none of the 10 employees had ever been engaged in sexual abuse in prison, jail, or juvenile facility. All personnel records reviewed had completed background checks that showed each employee was clear of any warrants or convictions of criminal activity.

The facility had only six allegations of a PREA event. We reviewed all six investigations. There was one allegations of offender on offender sexual abuse. That case was unsubstantiated. The 5 other cases were allegations of sexual harassment which were unsubstantiated. All of the investigations followed the PREA protocol as outlined by Missouri policy. The Office of Professional Standards conducts all criminal PREA investigations. The Office of Professional Standards reports to the Department Director. The sub-component conducting the investigation would be the Central PREA Unit or the Employee Conduct Unit. Zero of the PREA Investigations were criminal investigations. The investigations completed were administrative investigations only. All offenders were notified of the outcomes of the investigations. During 2016 and 2017 there had been no criminally sustained offender on offender events at this facility. Also during 2016 and 2017, there had been no criminally sustained staff on offender events at this facility.

Assessment and PREA education files were reviewed. All assessments were completed within 72 hours of arrival and reviewed again within the 30 days of arrival. The assessment tool was an objective screening instrument. The instrument was set up to screen each offender for the risk of victimization and abusiveness. All offenders received PREA reporting information upon arrival and comprehensive education within a few days of arrival. The educational material provided each offender the zero tolerance policy for sexual abuse and sexual harassment inside the facility. The offenders were

provided with information how to report an incident and what follow up to expect if they had to report an incident.

Thirty offenders were interviewed in a closed private office and the offenders answered questions regarding the PREA standards willingly and the facility's ability to follow all of the standards. Offenders had all been educated on the PREA Zero Tolerance policy, and the offenders knew how to seek help for sexual abuse or sexual harassment. Offenders were questioned using the DOJ official offender audit instrument. Offenders were selected randomly from an Alphabetical name listing of the offenders housed at the facility. Also, there was only one openly gay offender as known to the facility staff and he was interviewed. All offenders were forthcoming with information and felt staff would assist them if they reported sexual abuse or sexual harassment.

We interviewed twenty five staff from various shifts and departments. I selected staff at random using the following techniques: I looked at the custody rosters and the areas that the staff worked and I chose staff working in the different areas of the facility. I also chose staff that were on the 3 different shifts. We also interviewed all specialized staff including PREA Compliance manager, Warden, the designated staff member charged with monitoring retaliation, intake staff, staff person who performs the screening for risk of victimization and abusiveness, PREA Coordinator, 2 Volunteers, contract staff, staff person that supervised segregated housing, investigative staff, first responders, medical and mental health staff, human resource staff, training staff, and supervisory staff. Staff were questioned using the Department of Justice official staff audit instrument regarding their knowledge of the PREA policy and how to prevent sexual abuse in their facility. Staff had a good working knowledge of PREA information and how to report if there is an incident. Offenders interviewed also knew about PREA and how to report sexual abuse and/or sexual harassment.

On November 2nd, 2017, we again met with Executive staff. It was explained that the final audit results were pending. The staff were complimented on their dedication to zero tolerance regarding sexual assault/harassment.

...

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Ozark Correctional Center is a minimum security drug treatment center with a population today of 723 offenders. Typically the offenders are court ordered to treatment for one year. Ozark has two open bay type general population housing units plus an eight cell segregation unit. Approximately 80 offenders participate in work release activities that employ them with the State Highway Department, Counties, and Cities. Drug treatment is provided by the Gateway Foundation which is an outside contractor. Twenty-four hour, seven day per week medical coverage is contracted through Corizon, Inc. Mental health services are also provided by Corizon, Inc

Some of the programs available to the offenders are as follows: Mental health offers anger management to offenders to learn coping mechanisms to deal with anger issues. There is also an "Impact of Crime on Victims Class". Offenders learn to understand exactly how their actions have harmed victims. Without empathy for the people they have hurt and remorse for their actions, offenders are likely to repeat their victimizing behavior. Inside Out Dads is another program offenders can participate in. Dads examine their mistakes and learn tools to give them a second chance to become an involved parent. Offenders also have access to education. Any offender under the age of 65 must be enrolled in school if they do not possess a high school diploma or equivalency. Alcoholic Anonymous, Restorative Justice, Employability Skills, and Pathway to a Change are other programs offered to the offenders.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 0

Click or tap here to enter text.

Number of Standards Met: 44

Click or tap here to enter text.

Number of Standards Not Met: 0

Click or tap here to enter text.

Summary of Corrective Action (if any)

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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC provided the agency policy D1-8.13 Offender Sexual Abuse and Harassment that contains the zero tolerance policy and approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The agency policy was comprehensive, provided a clear zero tolerance policy and addressed the PREA standards. The facility provided the Ozark Correctional Center Coordinated Response to Sexual Abuse. This is the facility's plan for a coordinated response to sexual abuse. The agency organization chart was provided that designates a PREA coordinator. The OCC provided a facility organization chart that designated a Deputy Warden as the PREA Compliance Manager for the facility. A list of Compliance Managers for every agency facility was provided demonstrating that all facilities have a Compliance Manager. The facility PREA Compliance Manager indicated during his interview that he has the time and authority to ensure the facility is complying with the PREA standards and agency policy. The agency PREA Coordinator stated during her interview that she has the time and authority to manage PREA compliance for the agency and OCC. She reported having 29 compliance managers which she communicates with regularly. Random interviews with staff and offenders revealed that all were aware of the zero tolerance policy and the required response.

Based on the evidence reviewed the facility and agency have demonstrated substantial compliance with this standard.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment requires "all community confinement facilities to adopt and comply with the PREA standards as outlined in their contract with the department. The COA or designee will regularly audit community confinement facilities to ensure compliance with the PREA standards." The Agency provided 4 contracts withfor community confinement facilities that were renewed signed during 2017. All 4 contracts that were reviewed and found to require compliance with the PREA standards, 9 specific provisions related to specific PREA standards and completion of a PREA audit. Monitoring was documented on an completed audit tool for each facility that has a PREA section with 10 elements specific to PREA standards compliance. A monitoring report for each facility was provided and reviewed. A memo was provided by the PREA Compliance Manager that indicated Ozark Correctional Center does not contract for confinement of offenders directly. An interview with the PREA compliance manager affirmed that only the agency can contract for confinement. -

Based on the evidence reviewed the facility and agency have demonstrated substantial compliance with this standard.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and

determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? X Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? X Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? X Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? X Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? X Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 6, states "the department will maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse." The policy also requires the facility to comply with the staffing plan and document deviations and justifications for the deviation. Documentation was provided of a post analysis that was

completed by the MoDOC in 2009 for every facility, including the Ozark Correctional Center. This analysis created a Correction Officer staffing pattern with minimum staffing levels. The ratio of one officer to six offenders was used. Relief factors for each post were based on the National Institute of Corrections suggested methods. The staffing plan is documented in the Custody Staffing Roster and the Facility Organization Chart listing all non-custody positions which the facility provided to auditors. A memorandum from the OCC PREA Compliance Manager indicated there are no judicial findings of staffing inadequacy from federal agencies or during internal or external oversight reviews during 2016 and 2017. The OCC provided the facility's a-PREA Annual Report for 2016 that included a review of video monitoring technology deployment, the use of facility resources to comply with the staffing plan and the staffing level for the facility as it relates to the safe monitoring of offenders. This annual report is sent to the MoDOC PREA Coordinator for review. The PREA Coordinator explained during an interview that she reviews the facility annual reports and discusses any staffing issues with the Division Director. During an interview, the OCC PREA Compliance Manager explained how the Warden has a meeting every morning. Staffing is discussed during those meetings each week in addition to an annual review of staffing. Based on interviews with the Warden and PREA Compliance Manager/Deputy Warden this auditor concluded that the staffing plan is reviewed or monitored weekly and in an official review at the end of the year annually. -The OCC reported no deviations from the staffing plan during the last year in a memorandum from the PREA Compliance Manager. This was also verified in interviews with the Warden, PREA Compliance Manager and Custody Supervisor. The staffing plan is maintained by paid overtime to cover all posts required by the staffing plan.

Policy D1-8.13 also requires supervisory staff to conduct and document unscheduled and unannounced rounds to identify and deter offender sexual abuse and sexual harassment. Examples of housing unit log entries documenting unannounced rounds by supervisors on each shift were provided prior to the on-site tour. During the on-site tour these logs were checked in every housing unit by auditors. All were found to contain documented rounds by supervisors on every shift in compliance. Interviews with staff indicated that supervisors make these unannounced rounds and that staff do not notify other staff the rounds are occurring. Two Sergeant Interviews and interviews with offenders indicated rounds are being made by supervisors in the housing units as well. Post orders for the Lieutenant and Shift Supervisor required supervisors to make unannounced rounds on every shift and document such in the supervisor sign-in log. The housing unit officers document supervisor rounds in the housing unit log book as well. These were checked by auditors and found to document supervisors making rounds on every shift consistently. The Deputy Warden and Custody Supervisor were interviewed and stated they make unannounced rounds in the housing units weekly.

Based on the evidence reviewed the facility has demonstrated substantial compliance with this standard.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC does not house youthful offenders. This standard is not applicable.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
X Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes ☐ No X NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) Yes ☐ No X NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates?
☐ Yes ☐ No X NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? X Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? X Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? X Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment, page 12, prohibits cross gender strip searches except in exigent circumstances. A memo was provided by the facility compliance manager that indicates there were no cross gender strip searches therefore there were no logs of cross gender strip searches. MoDOC policy does not allow body cavity searches to be conducted. OCC does not have female offenders therefore there are no pat-down searches of female offenders at this facility. D1-8.13 also states all offenders will be allowed to shower, perform bodily functions and change clothing without non-medical staff members of the opposite gender viewing their breasts, buttocks, or genitalia except in exigent circumstances or when incidental to routine cell checks. No cross gender viewing issues were found during the tour of housing units or offender bathroom of OCC. Shower curtains were used in showers and toilet stalls to provide modesty. Facility Rules outlined in the offender handbook prohibit the offenders from getting completely undressed unless they are in the shower with the curtain drawn. Offenders stated they were aware of this rule in interviews. There are cameras present in the Housing Unit HU1 and 2 bathrooms by the sinks. Even though the offenders are not allowed to undress until in the shower, the facility provided movable privacy screens to block the view of their lower body by the camera while standing in front of the shower. This was verified by viewing the video monitor with those camera views on. Policy D1-8.13 requires an announcement to be made when opposite gender staff enter a housing unit. Announcements were made for the female auditor entering housing units This was observed during the tour, and also verified through staff and offender interviews Staff and offenders stated during interviews they hear announcements being made when female staff enter a housing unit. The announcements are required to be logged in the housing unit log book. Announcements were found in housing unit log books that These were checked on the tour and examples were provided to the auditors. Policy D1-8.13 also prohibits staff from searching transgender offenders to determine their genital status. Staff receive training on searching transgender offenders in the least intrusive and professional manner. This was found in the search training

curriculum that was reviewed. Training records were provided that show staff completed search training that included how to search LGBTI offenders in a professional and least intrusive manner. Staff interviews indicated that staff have received this training as well. Interviews with offenders concluded that offenders are able to shower without cross gender viewing, female staff knock and announce before entering a unit or bathroom.

Based on observations and evidence reviewed the facility has demonstrated substantial compliance with this standard.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities X Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? X Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X Yes ☐ No

- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment provides that the Agency has policy and procedure in place to provide disabled offenders the right and opportunity to benefit from all aspects of the agency's effort to prevent, detect and respond to sexual abuse and harassment. OCC provides PREA education materials in several different languages. Information on how to make a report is posted in English and Spanish throughout the facility. The PREA informational postings were seen while this auditor was touring the facility. The Agency provided a contract for interpretive services. OCC has an account established to access that service. Documentation was provided that shows their PIN number for the facility account with the interpretive service. All random staff interviewed knew that the facility had access to an interpretive service if needed. The facility Compliance Manager reported there were no LEP offenders present at OCC to interview during the audit. An interview with the staff responsible for PREA education indicated the materials are being read to all offenders to accommodate those that cannot read. Classification information identifies offenders that have disabilities or low literacy levels. These offenders are provided the information in a one on one meeting to ensure they receive and understand the information. A Braille version is available for offenders that are visually impaired. If accommodations are provided to an offender, it is documented in the offender's Case Notes. Inmate interpreters are not used. The offenders interviewed all understood the agencies' zero tolerance policy for sexual abuse and sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? X Yes ☐ No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? X Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? X Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? X Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? X Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? X Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? X Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? X Yes ☐ No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? X Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D2.2.2 Background Investigation and Policy D1- 8.13 Offender Sexual Abuse and Harassment support all the requirements of this standard. Policy also reviewed for this standard was D2 2.8 Promotional Appointment, D2 13.1 Volunteers, and D2 13.2 Student Interns. Interviews with random staff also confirmed this policy was followed. All of these policies state that any potential employee, volunteer, contractor or intern cannot have any incidents of sexual harassment or a criminal record for sexual abuse. OCC provided examples of criminal background checks on new employees and current employees. Employee applications have questions that cover element (a) of this standard that are asked of every applicant. The screening application is sent through the Missouri Uniform Law Enforcement system and the National Crime Information Center System. The Warden reviews every application packet to ensure the PREA employment background check and criminal background check have been completed and signs a state form indicating all checks have been completed and approved for hiring. The OCC had 7 new employees in the last 12 months. I was shown documentation that all 7 had been screened and approved by the Warden. Several staff files were reviewed to

assure compliance. Ten random staff files were checked and the Human Resource Department was found to be completing the correct screening process as written by this standard. The Screening process was correct and all potential staff had a background check completed and were clear of any sexual abuse or harassment. Once hired or able to enter the facility, all employees, contractors, volunteers, and interns have a criminal background check completed annually. If an employee is found to have a sexual offense against them, the staff will be subject to discipline up to and including termination. Promotions and transfers also seek to determine if any incidents of sexual harassment have occurred before promoting or accepting a transfer of staff from another facility. The Agency requires a criminal background record check for all promotions and transfers. Interviews with the Human Resource staff and the PREA coordinator confirm that all of the hiring and promotion policies were being followed as pertains to this standard.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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The OCC Warden and PREA Compliance Manager reported there had been no new construction in the past year. There have been upgrades to video surveillance to help improve monitoring of offenders. These cameras were observed during the facility tour and the newly added cameras eliminated previous blind spots. The cameras in the segregation cells were upgraded to digital cameras allowing for the toilet areas to be blocked out from view by opposite gender staff without compromising the safety and security of the offender. This was observed on the video monitor during the facility tour as well. The Agency Head Designee was interviewed and stated that cameras are being pushed out to all facilities because they are an important part of the sexual abuse prevention plan.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
X Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No X NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National

Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1.8.8 Evidence Collection, Accountability and Disposal and Policy D1.813 Offender Sexual Abuse and Harassment provide for evidence protocol based on a uniform evidence protocol. The facility has one trained investigator to conduct all administrative investigations. I interviewed the investigator and he was quite knowledgeable and had years of experience in the investigative field. The investigator knew the protocol for the investigation process. The investigator was trained on evidence collection and crime scene preservation. The agency has 10 trained investigators trained to investigate criminal PREA incidents and supervised by the State PREA Coordinator. All investigators for the state of Missouri receive specialized training for the investigations of a PREA incident. The facility has access to regional nurses contracted by Corizon that are trained and certified SANE nurses. All examinations normally would occur at the facility by a SANE nurse. If a SANE nurse is not available, the offender would be transferred to Mercy Hospital in Springfield. The facility utilizes nationally recognized protocols for the collection and preservation of evidence as discussed in the "A National Protocol for Sexual Assault Medical Forensic Examinations and is appropriate for youth. The facility offers all offenders a forensic medical examination for a sexual assault without financial cost to the offender. The Agency has several MOU's with community groups. These groups provide advocacy to victims of sexual assault. One of the MOU's is with the Webster County Victim Assistance Program to provide

each victim with an advocate. The facility has also trained their chaplains to be victim advocates as a backup if community advocates are not available. A monthly schedule is published so a chaplain is “on call” on the weekends, holidays and off business hours. If the offender requests an advocate to provide emotional support while being examined, one is provided for the offender as written in the offender sexual abuse policy. There were zero examinations performed in the last year. Mr. Pearson interviewed a medical staff and they stated that only SANE nurses would be used if a forensic examination were needed.

... Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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D1 8.1 Investigations and D1 8.4 Administrative Inquiries provide policy that covers the requirements of this standard. The facility ensured that an administrative/criminal investigation was completed for each allegation of sexual abuse or sexual harassment. This was verified through interviews with staff and offenders. I also reviewed the six PREA allegations that were investigated and the incidents were unsubstantiated. I reviewed all six files and investigations were completed per policy. Zero allegations were referred to prosecution. OCC has not had any substantiated sexual abuse cases in the last year. All six investigations were handled according to the facility plan. Investigations were requested and approved by the Warden. Investigations appeared to be thorough and well documented. The Inspector General had previously investigated all criminal investigations up to June 1st, 2017. After June 1st, all PREA allegations of sexual abuse are now processed by the 10 special investigators under the supervision of the PREA Coordinator for the state of Missouri. The facility investigator still processes the administrative investigations. I interviewed several offenders that stated the facility is responsive when reports of PREA have been made. I also interviewed staff that stated the policy was that all allegations would be reported to the investigator and a case would be opened. All documentation reviewed supported the information that I was provided. The offenders feel safe that the administration will investigate immediately and will protect all offenders. Policy D1 8.13 Offender Sexual Abuse and Harassment is posted on the Agency Website for information regarding the referral of allegations for criminal investigations for the public. The agency documents all referrals of allegations of sexual abuse or sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? X Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? X Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, those employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The PREA training curriculum was provided and reviewed. All 10 required subjects in this standard were covered. Training records were reviewed during the on-site audit. Prior to the onsite audit, OCC provided the PREA training acknowledgement forms for 12 staff that completed the PREA training in 2014 and 2016 demonstrating training is being completed every 2 years. 10 random staff training records were reviewed. All staff had completed the PREA training as required. All training was documented with the person receiving the training signing an acknowledgment that they understood the training. During the year between refresher training, staff are provided information on updates to the PREA policy or changes in the response plan. Several examples were provided that demonstrate these updates were being provided to staff at OCC. While it was in policy to train employees that were reassigned from female facilities, no such transfers had taken place. All interviews with OCC employees indicated they had received the training and knew how to prevent, detect and respond to sexual abuse or harassment

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Prior to the onsite audit, OCC provided PREA training acknowledgement forms for 15 volunteers and 9 contractors that were completed in 2017. 30 work release crew supervisor records were reviewed during the onsite audit. All staff had completed the PREA training during 2017. 12 random volunteer files were reviewed onsite. All volunteers had completed the PREA training. The training curriculum for

volunteers and contractors was provided and reviewed. The curriculum provided information on zero tolerance policy and what the contractor/volunteer response is for a report of sexual abuse or harassment. A volunteer was at the facility and available for interview during the onsite audit. The volunteer was able to explain the zero tolerance policy and describe his responsibility if an offender were to report sexual abuse to him while he supervised him. 2 contract staff were interviewed and were also able to describe the zero tolerance policy and their responsibilities when an offender makes a report to them.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? X Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Prior to the onsite audit, OCC provided 34 examples of Offender PREA education completion acknowledgement~~offenders completing the PREA education~~ showing they completed the education the day after their arrival. I selected 10 random offender files ~~were selected for review of offender education documents on the tour. It was found~~ and found that all the 10 offenders had received the key

information and all 10 had completed signature pages stating that they understood the policy and how to report if they had a problem. The staff person that provides offender education was interviewed. He stated that oOn the second day of the offender's arrival, the offender's are provided with comprehensive material to explain all of their rights to be free from sexual abuse and sexual harassment, how to make reports of sexual abuse or sexual harassment. The PRC video is part of this education. It was observed by auditors that AllOffender PREA education materials are provided in both English and Spanish. Some materials are also provided in Chinese, Serbo Croation, Vietnamese, and Russian. There is also a Braille version. The materials provide offenders with information on the MoDOC zero tolerance policy, their rights to be free from sexual abuse and how to report sexual abuse. Information was observedis posted throughout the facility during the tour and is clearly visible to the offenderss as well. Interviews were held with 30 offenders. All the offenders stated that they were handed brochures and given a short information session as soon as they came into the facility. The offenders stated the next day they were given more information about the Zero Tolerance Policy. When questioned, the offenders knew that there were posters all around the facility with telephone numbers and other ways to remind them to report if needed.

~~I selected 10 random offender files and found that all the offenders had received the key information and all 10 had completed signature pages stating that they understood the policy and how to report if they had a problem.~~

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA

- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] X Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The facility provided the curriculum for Investigating Offender Sexual Abuse in confinement Settings. This curriculum was reviewed and found to cover all of the elements of substandard (b). Documentation was provided that shows all Agency investigators assigned to the PREA division completing the specialized training in 2013 and 2014. The Investigator assigned to OCC completed his training in October 2013. An interview with the investigator was held and the investigator knew the critical elements as received in his training. Prior to June 2017, investigations for sexual incidents were conducted by the AG's office. All sexual abuse incidents are now investigated by one of the ten PREA investigators supervised by the PREA Coordinator of the State of Missouri.

...

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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OCC provided documentation of medical mental health staff completing both the specialized medical training and general PREA training that all staff working at the facility had received. Both curriculums were provided and covered all topics required by this standard. The lesson plan reviewed supported the zero-tolerance policy practices. Examples of training show that all medical and mental health staff received specialized training for PREA education. Training logs were provided to show which staff had been trained. The medical director and a mental health staff were interviewed. It was clear that both had received this training based on the results of the interview.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
X Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
X Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) whether the inmate has a mental, physical, or developmental disability? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) the age of the inmate? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) the physical build of the inmate? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?
X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? X Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? X Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? ☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC provided the MoDOC risk screening instrument for review. It was reviewed and found to be based on all required-factors for risk of sexual victimization or sexual abusiveness required by the standard. Policy D 1-8.13 Offender Sexual Abuse and Harassment, page 9, -requires all offenders to be assessed within 72 hours of arrival and reassessed within 30 days of arrivals at the facility as well as when warranted due to a referral, new information or incident of sexual abuse. The facility could not provide an example of a new assessment triggered by a substantiated investigation because the facility reported they had no substantiated sexual abuse investigations. Policy D1-8.13 also says that offenders cannot be inmates are not disciplined for refusing to answer questions used to gather information for regarding the risk assessment. Information gathered for the risk assessment is confidential and limited to staff that need to know. A report from the MoDOC offender data base shows all offenders received at OCC from 8/1/16 to 6/30/17 received a 72 hour assessment and only 10 out of 684 offenders at the facility for more than 30 days had a reassessment beyond 30 days of arrival. However, a All offenders that were at OCC for more than 30 days received a reassessment. This demonstrates substantial compliance with the standard. 20 offender risk assessment records were reviewed at the onsite audit. All 20 records had a risk assessment completed within 72 hours and a reassessment completed within 30 days. When interviewing the offenders, 28 out 30 remembered the assessment process.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? X Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? X Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? X Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? X Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? X Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? X Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13, page 9, requires the risk assessment conducted during intake and upon transfer to be used to determine, on an individual basis, the assignment of an offender's housing, cell, program and work assignment with the goal of keeping offenders identified at high risk of victimization separate from those identified as high risk of being sexually abusive. The OCC uses information obtained from the risk assessment to determine where to house offenders and to place offenders in program assignments on an individual basis. The facility provided examples of the Alpha Kappa Sigma tracking report from the Offender Management Information System. The Alpha is at risk of victimization. The Kappa is at risk of being sexually abusive. A Sigma designation means the offender is not a risk for either. This report provides the housing location and risk assessment designation for each offender. This information is considered when assigning offenders to programs and work assignments. The staff that is responsible for reviewing all offender housing assignments was interviewed by an auditor. He stated that he reviews the risk assessment designation for every offender prior to placing them in a housing assignment upon arrival or moving the offender to a new assignment within the facility after arrival. Documentation was provided that shows the offenders identified as at risk of victimization are not housed in the same wing of a housing unit with offenders that are identified as at risk of abusiveness. A roster for all maintenance positions outside of the facility was provided that shows no offenders being assigned that are at risk for victimization or abusiveness due to the type of assignment and type of supervision that can be provided at their work sites. Only Kappa's are assigned to the outside work assignments. Policy IS5-3.1 Offender Housing Assignments requires a transgender committee to review a transgender or intersex offender's housing assignment based on the required factors in the standard. Placement may not be based only on the offender's genital status. A transgender or intersex offender's assignment will be reviewed every 6 months by the committee. A memo from the PREA compliance Manager stated the OCC currently had no transgender or intersex offenders and reports they have not had a transgender offender since the last audit. All showers are individual stalls and allow for privacy. During interviews, staff indicated they would allow a transgender or intersex offender to shower at separate times if they felt uncomfortable showering at the same time as other offenders.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 requires the shift commander to house an offender that is deemed at high risk for sexual victimization in the least restrictive housing that will ensure safety. If temporary segregated housing assignment is used, the shift commander is to document why no other alternative housing was available. The assignment will not go over 30 days and if it were to happen, a hearing would be held and a report sent to the Warden detailing the reasons for the continued use of segregation. A review is held every 30 days until the offender is released from segregation. IS21-1.1 Temporary Administrative Segregation Confinement states that all offenders will retain their ability to access education no matter the reason for being placed in segregation. Offenders will also have access to programming and work if possible. If any of the activities are restricted, a report will be sent to the Warden. A memo from the PREA Compliance Manager was provided that states no involuntary segregation assignments for PREA occurred in that last year therefore there was no documentation of segregation to review. Interviews with the Warden and the PREA compliance manager support this standard. .

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? X Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? X Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? X Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? X Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? X Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 "Reporting Sexual Abuse or Harassment" states that OCC offenders are provided with multiple ways to report sexual abuse or sexual harassment. Offenders may report to any staff member,

call a PREA hotline, put an anonymous written report in the counselor's mailbox on the unit, write to the Missouri Department of Public Safety Crime Victim Services Unit, or third party reports by family can be made through the hotline or email on the MoDOC website to the PREA Coordinator. Per policy D1-8.9 "Crime Tips and PREA Hotlines" P 5, staff may make a private report by calling the CLEAR line. The CLEAR line connects directly to the Attorney General's office. The AG's office would then immediately report to the Warden of the facility for investigation of the allegation. Information about the CLEAR line is made available around the facility for staff to see. Documentation of allegations were reviewed and procedures were followed as the policy stated which supported this standard. During random staff interviews, staff all knew how offenders could make a report and how they could make a report privately. All offenders interviewed at this facility knew how to report and that there were different ways to report a PREA incident. Most of the offenders stated that they would just tell staff. Other offenders stated that they would report the incident via telephone. During the tour of the facility posters were observed throughout the housing units and program areas that instructed offenders on how to make a report of sexual abuse or sexual harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

OCC provided policy D1-8.13 Offender sexual abuse and Harassment and policy D5-3.2 Offender Grievance for review. The facility permits offenders to submit a grievance regarding an allegation of sexual abuse without any time limits. The offenders are not required to use a formal request. I interviewed offenders and offenders stated that they could tell any staff member at any time. When asked if they could write a grievance, the offenders said "Oh sure". They also said that the grievance would be given to the Warden for review. Per the policy D1-8.13, the facility will make sure if an offender writes a grievance against a staff member for a PREA allegation, the grievance paperwork will

not be given to said staff member for an answer. Also per the policy, a final decision will be rendered on any part of the merits of the grievance within 90 days. If the facility needs an extension of time to make a decision, the facility will notify the offender in writing and the time will not extend past 70 days. If at any level of the process, the offender does not receive an answer within the time frames, the offender can consider this non response as a denial and file an appeal if the offender chooses. All third party grievances will be reviewed by staff at the facility. Third parties are allowed to file a grievance on behalf of an offender. If the offender does not want the grievance pursued, the facility staff will document the offender's decision. Policy D5 3.2 allows for the filing of an emergency grievance if an offender is subject to a risk of imminent sexual abuse. The procedures in the policy allow the offender to file an informal grievance to any staff member, that staff member takes the grievance immediately to the Chief Administrative Officer for investigation or inquiry. The CAO will then provide an initial response within 48 hours and the final determination will be within 5 days. Both the initial and the final report document whether or not the offender was at imminent risk and what action was taken. All elements of the standard are complied with in these policies. A memo from the OCC Compliance Manager stated the facility has not received a grievance in 2016 and 2017 for sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? X Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Offender Sexual Abuse and Harassment requires each facility to offer victim advocate services to victims of sexual abuse. The policy requires each facility to attempt to enter into an MOU with a rape crisis center or provide services through a qualified staff member. During the facility tour ~~this~~ auditors observed posters throughout the housing units with Just Detention International and the Rape, Abuse and Incest National Network (RAINN) contact information clearly displayed. Offenders are informed on the poster that communications are subject to monitoring. The facility also uses Webster County Victim Assistance Program for victim advocate services at a forensic exam if one is conducted at Mercy Hospital in Springfield. This is arranged through an MOU between OCC and WCVAP which was provided. –OCC also has a Chaplain that is trained as a victim advocate and is considered a qualified staff member to provide victim advocate services. —The training was provided by the Missouri Coalition Against Domestic Violence and Sexual Assault (MCADSV) through a training agreement with MoDOC. A copy of the agreement was provided and reviewed. In the agreement MCADSV would provide a one day training covering the nature and dynamics of sexual violence; best practices regarding sexual assault response and advocacy; and forensic exams. A copy of the curriculum was provided and reviewed. The curriculum is comprehensive and covers the role of the victim advocate, survivor responses, communication with the survivor, and the forensic exam process. The training record for the Chaplain documents his completion of the victim advocate training. The OCC PREA Compliance Manager provided a memo stating that there have been no forensic exams or reports of sexual abuse during the last 12 months. There was one report of sexual abuse that was unsubstantiated. It was documented in the investigation report that the offender was offered a victim advocate and refused. Therefore, there was no use of a victim advocate from the Webster County Victim Assistance Program or by the Chaplain during a forensic exam. This was also confirmed during the interview with the PREA Compliance Manager. Interviews with offenders also confirmed that the

offenders knew about the advocate groups and that they could use their services if needed for an event of sexual abuse....

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The MoDOC provides a phone number, mailing address and email address for third party reports of sexual abuse or sexual harassment to be made on the MoDOC website. The website provided the information needed to the public for the process to file a complaint. This auditor checked the website and found the third party information on the PREA webpage. An email was sent to the published email address on the website for third party reports by an auditor to test the response time. The response was received the same day. On the tour, we saw posters in the visiting room where offender family and friends could view the information when visiting the offender. Staff interviewed knew about this policy and understood the process.

Based on the evidence reviewed the facility has demonstrated substantial compliance with this standard.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment requires all staff to report as required by this standard. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions. Random staff interviewed were all aware of this confidentiality notice. Policy stated that all health services staff members would be required to report sexual abuse and they had to inform the offender of the practitioner's duty to report prior to the initiation of services. Offenders under the age of 18 are not housed at this facility. Per D1 8.13, all allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, would be immediately forwarded to the shift supervisor to initiate the "Coordinated Response Manual" utilizing the applicable PREA allegation notification penetration/non-penetration event checklist which includes reporting to the designated investigators. "Coordinated Response Manual" for the facility gave step by step procedures for supervisor staff to follow for every type of PREA allegation as to the reporting and documenting of information. The shift commander that I interviewed showed me the response manual and stated he would use the manual if needed. Interviews with staff and offenders all knew that staff had to report and offenders stated that they knew that if they reported a PREA incident to staff, it will be investigated. Policy also stated that the offenders would be monitored to make sure there was no retaliation for reporting. Offenders interviewed all knew the level of confidentiality when reporting. Offenders interviewed all stated that "staff take this PREA policy serious".

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Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment states the facility will take immediate action when an offender reports any sexual incident. Interviews with staff and offenders reported that this was the case to meet this standard. In the last 12 months, there were zero times reported that an offender was at risk for imminent sexual abuse. All the staff I interviewed stated that if an offender reported any type of abuse their first priority would be protect the offender from any imminent sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment when there is a report that an offender was sexually abused at another facility, the staff will complete a PREA Allegation Checklist Notification. All notifications will be within the 72 hour timeframe. Interviews with both the Warden and the PREA Coordinator answered the questions that notifications would be made within 72 hours. There have been zero reported allegations in the last year so, there was no documentation available for this standard. Interviews with offenders also confirmed that the facility would abide by the policy regarding the reporting timeframe.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.13 Offender Sexual Abuse and Harassment provide the policy requirements for this standard. A Coordinated Response policy outlines step by step the procedure for each type of reported sexual allegation. The policy states that the alleged victim will be separated from the abuser, the first responder will preserve and protect the crime scene until the investigation team can collect any of the evidence. Policy also states that the first responder will ask the offender not to destroy evidence by washing, brushing his teeth, changing clothes, urinating, defecating, smoking, drinking or eating if within the timeframe allowable for the collection of evidence. When interviewing staff, all knew the responses for the first responder duties. The Coordinated Response for the facility outlines the specific procedures as laid out in this standard. The Coordinated Response follows all protocols set in this standard. The

plan follows the standards and breaks each action step by step depending on the type of report whether it is a sexual abuse report or sexual harassment report. I did review the Coordinated Response plan and it does follow PREA protocol as outlined in the standards for first responder duties. The non custody staff have the same responsibilities to preserve evidence as the custody personnel. I interviewed staff about how they would respond to a report of sexual abuse and the staff knew exactly the steps to take to keep the offender safe, preserve evidence and get the offender to medical treatment. The staff at the facility are provided with a PREA card to carry for reference that outlines the step by step procedure to process a report of sexual abuse or harassment.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment the Coordinated Response was developed to meet this standard. Staff are trained to respond in protection of the offender, preserve evidence and protect the crime scene. Medical has been trained in response to sexual assault protocol. Interviews were conducted and the staff knew the Coordinated Response procedures. Medical and mental health staff interviewed knew the protocol for this standard. Random staff interviewed all carried cards which contained the step by step process to follow the institutional plan. I reviewed the facility plan and indeed it is developed to coordinated actions among in response to an incident of sexual abuse.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? X Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Per policy D2 11.6 Labor Organizations the agency will not enter into or renew any collective bargaining agreements or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation. This policy was reviewed. I interviewed the Warden who stated this policy would be followed. There was not an incident of an alleged staff sexual abuser in the last year.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? X Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? X Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? X Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff X? Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? X Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff X? Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
X Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
X Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Per policy D1 8.13 Offender Sexual Abuse and Harassment, the prevention and monitoring of possible threat of retaliation is provided. Offenders that report sexual incidents are monitored for at least 90 days following the reporting of an incident to document that an offender is not being retaliated against. I interviewed case manager staff and the staff told me that they were responsible to speak with the offenders when there was a reported PREA incident. The facility has multiple protection measures including unit changes or facility transfers for victims or abusers, removal of alleged and emotional support services provided by mental health, chaplain or as stated in the MOU for victim's services. The case manager staff monitor housing changes, program changes and any negative reviews about the offender to protect against retaliation from staff. The Deputy Warden (PREA Coordinator) monitors all PREA incidents and tracks when the offenders are seen and who does the follow up with the offender. Both the staff and the offender sign a form that is placed in the offender's packet at the end of the 90 days with a signature from the offender to show that the offender is not being retaliated against. The reviews are initially done after the incident, at 30 day, 60 day and finally 90 day. If there have been no issues, then the monitoring ends after 90 days. Interviews were conducted with the offenders and confirmed this policy is followed. Completed incident monitoring forms were provided showing that the monitoring was being completed. 6 investigative files were reviewed for retaliation monitoring being conducted by facility staff per the policy. There have been zero times reported that retaliation has occurred in the last 12 months. The PREA coordinator also ensures that there is no retaliation against staff reports by reviewing staff assignments and any negative performance reviews on staff that would have reported a PREA allegation.

...

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1 8.13 Offender Sexual Abuse and Harassment and the Directive for Segregated Housing for Protective Custody provide that an assessment will be made as to the offender being viewed as a substantial risk of victimization in the absence of an allegation of offender sexual abuse, a temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing. The PREA coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment of involuntary segregation housing shall not ordinarily exceed a period of 30 days Every 30 days; the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with the institutional services procedures regarding segregation units and protective custody. All other alternative housing is reviewed for possible placement of the victim within 24 hours. Documentation reviewed confirmed that this standard is being met. There were zero requests for Protective Custody due to a sexual incident report in the last 12 months. I interviewed the Warden and the PREA Coordinator and both staff stated this policy would be followed.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? X Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data X? Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
X Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? X Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? X Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? X Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? X Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? X Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
X Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.1 Investigative Unit Responsibilities and D-1 8.4 Administrative Inquiries provide the policy for this standard. The facility has a policy in regards to criminal and administrative investigations. The agency conducts its own investigations into allegations of sexual abuse and sexual harassment and does it promptly, thoroughly and objectively based on best investigative practices. The facility investigators investigate all administrative allegations including third party and anonymous reports. The Attorney General's office had been completing the criminal investigations until June of 2017. 10 trained PREA investigators working for the Agency PREA Coordinator now conduct the investigations for the state. All agency investigators have received specialized training in sexual abuse investigations.

Investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and electronic monitoring data. Investigators interview all alleged victims, suspected abusers and all witnesses. Investigators also review any previous reports or allegations of sexual abuse involving the perpetrator. Substantiated allegations of sexual abuse are referred to criminal prosecution. The credibility of the alleged victim is based on an individual basis not whether the victim is incarcerated. When the investigation is completed a report documenting a description of evidence, interviews and the reasoning behind the credibility assessments and facts are documented and a report is written. All investigations are completed even though the alleged abuser or victim may have left employment or is no longer incarcerated. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. Six investigation files were inspected. All cases were completed following the protocol for compliance with these standards. I interviewed the Warden and he stated that all substantiated sexual abuse cases would be referred to the prosecutor per policy. There were no substantiated criminal cases in the last year. Zero cases were referred for prosecution.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1 8.1 Investigative Unit Responsibilities provides policy and procedure for criminal and administrative agency investigations. The policy states that substantiated allegations that appear to be criminal will be referred to the prosecutor. The facility has not had any substantiated allegations in the last year. There were only 6 allegations made in the last year. A total of 6 investigations were reviewed for PREA compliance while at the facility. All investigations were thorough and well documented. According to the Agency Records Disposition schedule from the Office of the Director, the agency will retain all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years per the PREA standard. D1 8.1 Investigative Unit Responsibilities policy also states that the evidence standard for administrative investigations is preponderance of the evidence. After reviewing the 6 investigative files, the preponderance of the evidence was the standard used to identify whether or not a report was substantiated. After interviewing the investigator and the PREA Compliance Manager, their statements also supported that preponderance of the evidence would support a substantiated investigation.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? X Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) X Yes ☐ No ☐ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? X Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? X Yes ☐ No

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? X Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? X Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? X Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1- 8.13 Sexual Abuse and Harassment provides that the agency is required to inform verbally or in writing any offender who makes an allegation that he has suffered sexual abuse in any agency facility as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following the investigation by the agency. After review of the investigation files, signed forms from the offenders of the notification of the outcome of the investigation were completed. An outside entity does not conduct sexual abuse investigations. 6 investigative files were reviewed and the offenders were notified of the outcomes of their individual investigations, offenders then signed forms stating that they received this information. Examples also showed that the offenders are told the results of their allegations and the report is documented. Following an offender's allegation that a staff member has committed sexual abuse against the offender, the facility will inform the offender if, the staff member is no longer posted on the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse or convicted on the charge within the facility. The Agency has the form "Sexual Abuse Debriefing" that requires all the information pertaining to a report of a sexual incident. This form and information is then logged into a spreadsheet to track the events of the cases that are completed. When a case is substantiated, unsubstantiated, or unfounded, the offender is informed. All of the above information pertaining to this standard is tracked and at each level of the cases evolving, the offender is notified when it involves staff. I interviewed the investigator and he affirmed that this was the procedure at OCC. I was also provided documentation validating this process. Each time the offender is notified, the offender signs a form that he was informed of the outcome of his case. When there is an offender on offender, the process is the same at each interval the victim is notified and signs that he was informed. I interviewed the Warden and the PREA Coordinator both staff stated this policy is followed and the offender signature documents I reviewed supported their statements.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Policy D1-8.13 Sexual Abuse and Harassment section P. Employee Discipline says staff shall be subject to disciplinary action up to and including termination for violating the agency sexual abuse and sexual harassment policy. Termination will be the presumptive discipline for sexual abuse. Policy states that disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations and resignations would be reported to licensing bodies and law enforcement agencies if applicable. Since the June 2016 PREA audit there have been no PREA type formal disciplinary sanctions against staff at Ozark Correctional Center. A log of staff and contracted staff discipline was provided that verifies this statement as well. A PREA investigations log also shows there are no substantiated findings in reports against staff during the last

year. Interviews with the Warden, investigator and the Human Resource staff all supported the facility policy as stated in this standard. Based on interviews, the policy provided and supporting documents, the facility meets this standard.

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Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy D1-8.13 Sexual Abuse and Harassment prohibits contractor/volunteer contact with offenders if they are found to have committed sexual abuse. Substantiated findings will be reported to licensing

bodies and law enforcement agencies where applicable. The agency and/or the facility shall consider prohibiting contact for substantiated sexual harassment. Policy D2-13.1 Volunteers requires allegations of sexual abuse or sexual harassment by contractors/volunteers be forwarded to facility investigators. Since June 2016, there have been no findings against any contractors or volunteers. Interviews with the Warden and the PREA coordinator support this standard. The interviews, policy and supporting documentation provided shows the facility meets this standard.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an

incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

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- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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Policy D1-8.13 Sexual Abuse and Harassment Violations or Disciplinary Sanctions for Offenders states offenders will be subject to disciplinary sanctions pursuant to a disciplinary process following an administrative or criminal finding of guilt for engaging in offender sexual abuse. Sanctions will commensurate with the nature of the violation and the offender's disciplinary history. Mental disabilities or illness will be considered to determine sanctions. Violators will be referred to appropriate treatment by mental health. Offenders can only be disciplined for sexual contact with staff if staff do not consent. The facility and agency prohibits all sexual contact between offenders. Documentation was provided of an offender perpetrator of sexual abuse being disciplined for a substantiated finding. Policy SOP19-1.1 Conduct Rules and Sanctions has a violation code for 7.1 Forcible Sexual Misconduct and 15.1 Sexual Misconduct. The PREA Site Coordinator stated that no offenders had been disciplined for consensual sex in the last 12 months.

Based on the interviews and documentation provided, the facility meets this standard.

...

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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MoDOC policy D1-8.13 Offender Sexual Abuse and Harassment and policy IS11-32 Receiving Screening-Intake Center requires staff to refer an offender to medical and mental health within 14 days that discloses during the risk screening he was a victim or perpetrator of sexual abuse. The facility also provided the PREA Risk Assessment Manual which requires staff conducting risk assessments to refer offenders that report victimization or perpetration to medical and mental health within 14 days. The facility provided an example of an offender reporting sexual victimization at a county jail being referred to mental health was provided. The offender was seen within 14 days as required. The facility also provided an investigation file for a report of offender abusive contact. This case was reviewed and clearly documented the referral to medical and mental health the next day. Medical and mental health staff stated during interviews that they are aware of their duty to report an incident of sexual abuse that an offender reported to them that occurred in a confinement facility. If the offender reported an incident that occurred outside of a confinement facility, the offender would have to sign a release of information before they could tell the facility investigators. Medical and Mental Health stated in interviews that offenders that report being a victim or perpetrator of sexual abuse would be seen within one or two days of arrival. The Mental Health staff stated that he would provide individual counseling for both and a trauma group for victims. Both said that information provided by offenders about victimization or abusiveness would only be shared with staff that need to know, such as the Warden, PREA Compliance Manager.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? X Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X Yes ☐ No

Auditor Overall Compliance Determination

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A memo from the OCC PREA Compliance Manager states the facility has had no incidents of sexual abuse reported in 2016 and 2017. A review of the facility annual report also confirms this. The OCC Coordinated Response plan requires emergency medical services to be provided for reports of sexual abuse. The facility provided Policy D1-8.13 Offender Sexual Abuse and Harassment which requires medical staff to provide emergency medical care for victims of sexual abuse. Treatment for sexually transmitted disease will be provided in the case of sexual assault involving penetration. All medical care will be at no cost to the offender. If no medical or mental health staff are on duty at the time of a sexual abuse report, custody staff are required in the facility response plan to keep the offender safe until medical staff can provide services. A memo from the OCC PREA Compliance Manager states

there have been no substantiated reports of sexual abuse that required emergency medical care during 2016 and 2017. Medical and mental health staff interviewed knew about the services they were required to provide and their responsibilities under this standard. The Health Care Manager stated in an interview that sexual abuse victims would be seen immediately to assess for emergent medical needs. If a forensic exam is required the offender would be sent to Mercy Hospital for the forensic exam if the abuse was within 72 hours. The Health Care manager also answered questions about medical's response to sexual abuse which followed the facility coordinated response plan. She also stated that all medical care for victims of sexual abuse would be provided at no cost to the offender.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) X Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) X Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 Offender Sexual Abuse and Harassment was provided and requires medical staff to provide ongoing treatment, including treatment for sexually transmitted infections, for victims of sexual abuse consistent with the level of services in the community at no cost to the offender. Medical and mental health staff interviewed described the services they were required to provide and their responsibilities for follow up treatment services. A memo from the PREA Compliance Manager states the OCC does not house female offenders. This makes substandard (d) and (e) not applicable. The memo also states the facility has not had a substantiated sexual abuse incident that occurred at OCC reported in 2016 and 2017 requiring follow up medical care. The facility did provide documentation of an offender reporting sexual abuse that occurred at a county jail during a risk assessment. The offender was referred to medical and mental health. Medical records were provided that show the offender received a medical and mental health evaluation. The Health Care Manager stated in an interview that all medical care for victims of sexual abuse would be provided at no cost. The Chief of Mental Health Services was interviewed. He stated he has not had a perpetrator of sexual abuse

referred to him at this facility. He also stated that if a sexual assault were to occur at OCC, the perpetrator would be transferred immediately to a “mainline” facility so he would not be able to provide ongoing counseling.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

...

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? X Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? XX Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes ☐ No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

MoDOC policy D1-8.13 was provided and requires the facility to conduct a sexual abuse debriefing for sustained and unsubstantiated reports of sexual abuse within 30 days of the investigation finding. A memo from the OCC Compliance Manager states the OCC has not had a report of sexual abuse in 2016 and 2017. Therefore, there have been no incident reviews conducted. The agency requires a PREA Sexual Abuse Debriefing form to be completed. This form has all elements of the standard to be reviewed. The PREA Compliance Manager was interviewed as a member of the incident review team for the facility. He showed me the agency form that would be used to document an incident review and described how the facility would conduct the review. He said reviews would be done during the morning meeting with the Warden and included facility executive staff, medical staff and the custody supervisor.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1.8.13 Offender Sexual Abuse and Harassment requires each facility to use information from the PREA Sexual Abuse Debriefing forms to prepare an annual report that is due in March annually. The facility provided their report for 2016. The report contained all of the required elements of the standard. The agency is also required to provide an annual report which also covers the required elements of the standard. This auditor reviewed several reports on the agency website from 2016 back to 2010. The 2016 report was posted. The Agency PREA Coordinator also provided the 2015 and 2016 DOJ SSV report. *The PREA Coordinator stated during an interview that incident data is collected on the COIN system. She showed this auditor what the system looks like on the computer. Only authorized staff can access the system.*

The agency and facility meet this standard based on the policy and documentation of practice provided.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 requires the agency to review each facility annual report and compile the data into an agency level annual report that is posted on the agency website. This auditor verified that the agency has annual reports that summarizes data collected from all facilities and compares data for the current year to the last two years. The reports were found to be posted on the MoDOC website. The reports do not contain personal identifying information that would need redacting. The PREA Coordinator stated during an interview that she reviews the PREA incident reports in the electronic system for tracking PREA reports monthly and works directly with the facility Compliance Managers to make any needed corrective actions. She also reviews every facility annual report to compile the information for the agency annual report. The facility PREA Compliance Manager indicated in an interview that he provides the PREA Coordinator a facility annual report that summarizes the facility's data for the year and corrective actions that were completed. During the interview for the Agency Head Designee, the Director of the Division of Adult Institutions stated that the Agency Director approves the annual report.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
X Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? X Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? X Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Policy D1-8.13 requires the agency to review each facility annual report and compile the data into an agency level annual report that is posted on the agency website. This auditor verified that the agency has annual reports from 2010 to 2016 posted on its website. The reports do not contain personal identifying information that would need redacting. The policy requires the data to be retained for 90 years. The PREA Coordinator stated during an interview that incident data is collected on the COIN system. She showed this auditor what the system looks like on the computer. Only authorized staff can access the system.

Based on the evidence reviewed and interviews conducted the facility has demonstrated substantial compliance with this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
X Yes ☐ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? X Yes ☐ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
X Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
X Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. I did have access to, and the ability to observe, all areas of the facility. I did request documents and received every document that I requested. I was permitted to conduct private interviews with offenders, staff and volunteers.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The last audit was published on the Missouri Department of Correction Agency website.

AUDITOR CERTIFICATION

I certify that:

- X The contents of this report are accurate to the best of my knowledge.
- X No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- X I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Alison Yancey

11-22-2017

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 7/23/2018

Auditor Information

| | |
|--|--|
| Name: David Andraska | Email: ddafalls@hotmail.com |
| Company Name: 3D PREA Auditing & Consulting, LLC | |
| Mailing Address: P.O. Box 5825 | City, State, Zip: Greenwood, FL 32443 |
| Telephone: 850-209-4878 | Date of Facility Visit: June 13-15, 2018 |

Agency Information

| | | | |
|------------------------------------|-----------------------------------|---|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Missouri Department of Corrections | | | |
| Physical Address: 2729 Plaza Drive | | City, State, Zip: Jefferson City, Missouri 65109 | |
| Mailing Address: | | City, State, Zip: | |
| Telephone: 573 751-2389 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |

Agency mission: The Missouri Department of Corrections supervises and provides rehabilitative services to adult offenders in correctional institutions and Missouri communities to enhance public safety. Improving Lives for Safer Communities.

Agency Website with PREA Information: <http://doc.mo.gov/programs/PREA>

Agency Chief Executive Officer

| | |
|---------------------------------|-------------------------|
| Name: Anne L. Precythe | Title: Director |
| Email: Anne.Precythe@doc.mo.gov | Telephone: 573 751-2389 |

Agency-Wide PREA Coordinator

| | |
|-------------------|--|
| Name: Vevia Sturm | Title: Missouri DOC PREA Coordinator, Office of Professional Standards (OPS) |
|-------------------|--|

| | | | |
|---|---|---|---|
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573 5751-2389 | | |
| PREA Coordinator Reports to: Matt Briesacher | Number of Compliance Managers who report to the PREA Coordinator 0 | | |
| Facility Information | | | |
| Name of Facility: Tipton Correctional Center | | | |
| Physical Address: 619 North Osage Avenue, Tipton, Missouri 65081 | | | |
| Mailing Address (if different than above): | | | |
| Telephone Number: 660-433-2031 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: Improving Lives for Safer Communities. | | | |
| Facility Website with PREA Information: http://doc.mo.gov/programs/PREA | | | |
| Warden/Superintendent | | | |
| Name: Daniel W. Redington | | Title: Warden | |
| Email: Daniel.Redington@doc.mo.gov | | Telephone: 660-433-2031 | |
| Facility PREA Compliance Manager | | | |
| Name: Cybelle Webber | | Title: Deputy Warden | |
| Email: cybelle.webber@doc.mo.gov | | Telephone: 660-433-2031 | |
| Facility Health Service Administrator | | | |
| Name: Beth Clad | | Title: Health Service Administrator | |
| Email: bethclad@corizonhealth.com | | Telephone: 660-433-2031 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 1254 | | Current Population of Facility: 1185 | |
| Number of inmates admitted to facility during the past 12 months | | | 1410 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 1410 |

| | | | |
|--|--------------------------------|---|--|
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | 11410 | |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | 0 | |
| Age Range of Population: | Youthful Inmates Under 18: N/A | Adults: 18-87 | |
| Are youthful inmates housed separately from the adult population? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No <input checked="" type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | N/A | |
| Average length of stay or time under supervision: | | 327 days | |
| Facility security level/inmate custody levels: | | Minimum | |
| Number of staff currently employed by the facility who may have contact with inmates: | | 333 | |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | 78 | |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | 0 | |
| Physical Plant | | | |
| Number of Buildings: 19 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 4 | |
| Number of Open Bay/Dorm Housing Units: | | 8 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 50 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): TCC currently has 141 cameras supported by 3 DRVs. The cameras are placed strategically throughout the institution to ensure the safety and security of both offenders and staff | | | |
| Medical | | | |
| Type of Medical Facility: | | Transitional Care Unit – no infirmary | |
| Forensic sexual assault medical exams are conducted at: | | Facility by Corizon Health for offender-on offender. University Hospital for staff-on-offender. | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | | 41 | |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | 10 | |

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) Audit for the Tipton Correctional Center (TCC), Missouri Department of Corrections (MODOC) was conducted on June 13-15, 2018. This was the second PREA audit for this facility. The PREA Audit was coordinated through the MODOC and 3D PREA Auditing & Consulting, LLC. Department of Justice (DOJ) Certified PREA Auditor David Andraska was assigned to conduct the audit. A line of communication was developed between the MODOC Office of Professional Standards (OPS) PREA Manager and the 3D President to schedule the assigned audit.

The auditor's pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard. The entrance meeting was held with Warden, Deputy Warden/PREA Site Coordinator, Major, OPS Investigator and OPS PREA Manager and the PREA auditor. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and offenders. Areas visited during the tour included the main lobby, all offender housing areas including segregated housing, intake, administration, medical unit, all program areas, chair factory, commissary, inside and outside recreation, control room, warehouse, and supply. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to offenders. The notification of the PREA audit visit was documented as posted on May 3, 2018. A photograph of the posted notice was provided to the auditor.

TCC has 333 staff that may have contact with offenders. The security staff is assigned to three 8 hours shifts. The auditor conducted interviews with security, non-security, specialized staff, Warden, volunteer and contractors that included male and female staff. The Agency Head, Contract Monitor and PREA Manager interviews had previously been conducted by another DOJ certified PREA Auditor and were utilized as part of this audit. The auditors conducted 13 random sample staff interviews and 17 specialized and management staff interviews for a total of 30 staff interviews. Security staff were interviewed from all three shifts and included: Major, Captain, Lieutenant, Sergeant and Correctional Officers. All staff at TCC are trained as first responders and those questioned were well versed in their areas of responsibility regarding responding to PREA allegations.

On the first day of the audit there were 1,185 offenders at TCC. Forty-one offenders were interviewed. Twenty offenders were randomly selected, and twenty-one offenders were in the targeted group. These included seven offenders who had physical disabilities, three offenders that self-identified as gay or bi-sexual, one offender who reported sexual abuse and ten offenders who reported sexual victimization during risk screening. The facility did not have any inmates who were; youthful offenders, LEP, transgender or offenders in protective custody for

any PREA related issue. One offender wrote three letters to the auditor and he was also interviewed. All inmates interviewed stated they felt generally safe, demonstrated a good understanding of PREA and reporting options.

The auditors examined a random sampling of personnel files, staff training files, and volunteer/contractor files that are maintained at the institution. New hires, volunteers and contractors are not allowed entrance into the facility until a thorough background check is completed. The training records were complete and included written documentation that staff, contractors, and volunteers received the required PREA training. The auditors viewed the signed "Training Acknowledgement Form" documenting that all staff understood the PREA training received. The auditor selected and examined a sampling of offender institutional files and observed documentation indicating by signature the offender receiving PREA education, as well as documentation of the risk screenings performed. The auditor also observed the intake process.

All investigative files were reviewed during the on-site visit and appeared to thoroughly document the investigation process per agency policy. There were nine allegations of sexual abuse and two allegations of sexual harassment received in the past twelve months. There were seven alleged staff on offender sexual abuse/harassment investigations. The administrative findings of the alleged staff on offender allegations were five (5) unfounded, one (1) unsubstantiated, and 1 case is still open. Of the four (4) offender on offender allegations of sexual abuse/harassment; One (1) was unfounded, One (1) was unsubstantiated, One (1) was substantiated and one (1) remains open. There were no substantiated allegations that were referred for criminal prosecution.

When the on-site audit was completed, an exit meeting was held with the Warden and other management staff to discuss audit findings. The auditor had been provided with extensive files prior to the audit, for review to support a conclusion of compliance with PREA standards. While at the facility, the auditor reviewed a sufficient sampling based on the size of the facility of case records, training records, investigative reports, additional program information and documents. The auditor interviewed the required number of staff and inmates based on the population and all were knowledgeable regarding PREA requirements. All interviews and observations supported compliance. The facility staff was found to be cooperative and professional. All areas of the facility were clean and well maintained. The auditor explained the audit report process. The auditor thanked the Warden and staff for their hard work, dedication and commitment to comply with PREA standards.

Facility Characteristics

TCC was built in 1932 with a major expansion in 1996 and is a minimum security institution located in Tipton, Missouri that houses adult male offenders. The design capacity of the facility is 1,254 offenders. The facility has 11 living units which consist of both multiple occupancy cell housing unit and open bay dormitory style units. It has a 50 bed segregation unit. There are a total of 19 buildings on the grounds.

TCC provides programs for offenders that include: Adult Basic Education, Vocational Education, Upholstery Chair Factory, Restorative Justice, Community Service projects, Puppies for Parole, and Manufacturing Technology. In addition, TCC has over 100 work release positions with offenders assigned to crews that work along highways and at the State Fair grounds for surrounding cities.

Summary of Audit Findings

Number of Standards Exceeded: 4

115.16, 115.17, 115.41 and 115.42

Number of Standards Met: 41

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Missouri Department of Corrections Department Procedural Manual, D1-8.13 Offender Sexual Abuse and Harassment (MODOC Policy D1-8.13); Offender Handbook; Director's Office and Facility Organization Charts and duties of the PREA Manager and PREA Site Coordinator were reviewed and address all the requirements of this standard. TCC and MODOC have written policies and procedures in place to support the agency's mission and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and bi-annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and offenders' awareness.

The Office of Professional Standards has a PREA Manager assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns. Each facility designates a PREA site coordinator (typically a Deputy Warden) who has sufficient time and authority to ensure the facility's compliance with the PREA standards. At TCC the PREA site coordinator is the Deputy Warden, and when interviewed demonstrated a very good understanding of her responsibilities and the overall PREA process. She takes a very proactive approach to ensure the facility complies with the PREA standards. She also provides PREA annual PREA training to all staff as part of the CORE training.

Based on review of policy, procedures, offender handbooks, education and orientation process, training curriculums and interviews with the PREA Manager, Warden, staff and offenders, observation of bulletin boards, posters and PREA, material during the tour of the facility, it was apparent that MODOC and TCC are committed to zero tolerance of sexual abuse and sexual harassment and meet the requirement of Standard 115.11.

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Board of Probation and Parole Policy P4-6.1 and contracts with community confinement facilities under the authority of the Division of Probation and Parole were reviewed and meet the requirements of this standard. The contracts require that the contractors adopt and comply with PREA standards and compliance is monitored by the Agency.

Based on review of policies, documentation and interview with the PREA Manager, MODOC is compliant with Standard 115.12. TCC does not contract nor have any offenders confined with contract entities.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against

sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally Accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other

relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, PREA Yearly Staffing Report; Annual PREA Report and Staff Schedules were reviewed and meet the requirement of this standard. TCC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect offenders against sexual abuse. A copy of the staffing plan for 2018 was

provided for review by the auditor. The staffing plan addresses the items listed in section 115.13a. The facility's video monitoring is supported by 141 cameras positioned throughout the facility. Review of video monitoring confirmed the offenders' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for adult male offenders. Both female and male staffs are assigned to each shift. The Warden confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required post. TCC currently has 30 vacant officer positions. Review of documentation provided indicated substantial amounts of voluntary and mandated overtime hours each month. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation noted.

The unannounced PREA rounds logs and unit logs confirmed that intermediate-level or higher-level supervisors conduct and document such visits throughout the institution. Employees are prohibited from alerting other employees regarding unannounced rounds. Interviews with inmates and housing unit officers also confirmed that random, unannounced rounds are conducted by Supervisors daily on all shifts.

The review of policies, logs and supporting documentation, as well as staff and offender interviews, confirm the facility's compliance with standard 115.13.

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☐ Yes ☐ No ☒ NA
- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, TCC Standard Operating Procedures IS 05-3.1 Offender Housing Assignments (TCC IS/SOP 05-3.1); TCC Standard Operating Procedures IS 05-1.1 Diagnostic Center Reception and Orientation (TCC IS/SOP 05-1.1) and MODOC Statutes, Chapter 217, Section 217.345 were reviewed and address the requirements of this standard. TCC does not house youthful offenders.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' Access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS6-1.3 Offender Personal Appearance and Grooming (MODOC Policy IS6-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS20-1.3 Searches (MODOC Policy IS20-1.3); Missouri Department of Corrections Institutional Services Procedural Manual, IS11-34.1 Health Assessment and/or Physical Examination at Reception (MODOC Policy IS11-34.1); Officer Post Orders and MODOC Lesson Plan on Institutional Searches; Training log of Staff Training were reviewed and address the requirements of this standard. The Agency and facility prohibit cross gender pat searches on female offenders and prohibits all cross gender visual body cavity searches or strip searches. TCC only houses male offenders. Individual shower stalls have appropriate shower curtains or doors and offenders can shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their buttocks or genitalia. Prior to entry into the housing area of offenders, staff of opposite gender must announce their presence. The announcement is entered in the Chronological Log noting the date, time staff person entering the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditor.

Policy prohibits staff from physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status. The determination of transgender and/or intersex offenders genital status may be obtained during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed such training. Staff provided the auditor with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex offenders, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. Four transgender offenders were interviewed and they stated searches were completed appropriately. .

Based on policies, procedures documentation provided observations of showers, toilet areas and dressing areas and interviews with staff and offenders and the corrective action the facility took during and after the audit, TCC is compliant with Standard 115.15.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing Access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful Access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan for Special Needs; Translation Service Contract, TCC Coordinated Response Plan; PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages were reviewed and address the requirements of this standard. TCC takes steps and has policies and procedures that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. TCC provides offenders with materials which are available in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serbo-Croatian, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Offenders who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of a offender's allegations. Four offenders identified as a having a physical or mental disability confirmed staff provided PREA educational material that they were able to understand. The

facility maintains a list of staff who speaks other languages than English. There were no LEP offenders at the facility during the on-site audit.

Based on review of policies and procedures; observation of posters placed in the facility, the extensive multiple language PREA material, availability of resources, staff training and interviews with random sample of staff and offenders, TCC exceeds the requirement of Standard 115.16.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on

substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D2-2.2 Background Investigations (MODOC Policy D2-2.2); Missouri Department of Corrections Department Procedural Manual, D2-2.8, Promotional Appointment (MODOC Policy D2-2.8); Missouri Department of Corrections Department Procedural Manual, D2-2.10 Re-employment Appointment (MODOC Policy D2-2.10); Missouri Department of Corrections Department Procedural Manual, D2-5.1 Maintenance of Employee Records (MODOC Policy D2-5.1); Missouri Department of Corrections Department Procedural Manual, D2-11.14 Annual Employment Requirement (MODOC Policy D2-11.14); Missouri Department of Corrections Department Procedural Manual, D2-13.1 Volunteers (MODOC Policy D2-11.14); Missouri Department of Corrections Department Procedural Manual, D2-13.2 Student Interns (MODOC Policy D2-13.2); PREA Hiring Checklist; Background Checklist for Contractors; Employee Handbook; Application for Employment form were reviewed and meet the requirement for this standard.

Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted annually on the first day of the staff's birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Patrol utilizing the Missouri Uniform Law Enforcement System (MULES) and the National Crime Information Center System (NCICS). The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or reside of the facility.

Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty.

Based on review of policies, documentation, forms, employee files; annual background check procedures and interview with Human Resource staff confirm that TCC exceeds the requirement for standard 115.17.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

TCC has not any substantial expansion or modification to their existing facility or installed or updated the video monitoring system since the last PREA audit. Missouri Department of Corrections Department Procedural Manual, D4-4.8 Security Camera Operation (MODOC Policy D4-4.8) was reviewed and addresses the requirement of this standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No

- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member TCCCompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Missouri Department of Corrections Department Procedural Manual, D1-8.1 Office of Professional Standards (MODOC Policy D1-8.1); Missouri Department of Corrections Department Procedural Manual, D1-8.4 Institutional Investigations (MODOC Policy

D1-8.4); Missouri Department of Corrections Department Procedural Manual, D1-8.8 Evidence Collection Accountability and Disposal (MODOC Policy D1-8.8) were reviewed and meet the requirement of this standard. The MODOC OPS PREA Unit is responsible for all criminal and administrative investigations of offender on offender sexual abuse/harassment allegations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. Medical and behavioral health care including certified Sexual Assault Nurse Examiners (SANE) are provided on-site through a contract with Corizon Health. Forensic exams are conducted on-site by a SANE for an offender-on-offender sexual assault and conducted at an outside facility for staff-on-offender sexual assault. The forensic exams are provided at no cost to the victim. The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented. The facility is required to have at least one qualified staff member that has been trained as an advocate. At TCC, the chaplain and two (2) Institution Activities Coordinators have received training provided through an agreement with the Missouri Coalition Against Domestic and Sexual Violence (MCADSV). He is available to respond when requested by the victim to provide services. It will be documented whether the offender refused the offender victim representative or accepted the representative with the representative's name provided

An interview was conducted with an investigator from the OPS PREA Unit who is responsible for responding to incidents of sexual abuse/sexual assault at the facility. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditor. The correspondence noted that the MODOC in accordance with Prison Rape Elimination Act, the Department must requests that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol.

Based on the review of policies, procedures, documentation and interviews with medical and mental health staff, the investigator and staff advocate, TCC is compliant with Standard 115.21.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and MODOC Policy D1-8.1 and the TCC Coordinated Response Plan protocol were reviewed and meet the requirement of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MODOC Directives requires

an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions of if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a staff related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment are entered into the COIN (Corrections Information Network) system within the MODOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

Based on the review of policies, procedures, investigative files and interviews with the PREA Manager and OPS investigator, TCC is compliant with Standard 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan for Basic PREA Training; MODOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms were reviewed and meet the requirement of this standard. PREA training addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to communicate effectively and professionally with offenders, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years. Additionally, training is provided to staff routinely through annual CORE training, emails and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Both formal and informal interviews with staff indicate that they are well trained in Sexual Assault Prevention and Response and their duties as first responders and the agency's zero tolerance policy on sexual abuse and sexual harassment. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditor team.

Based on a review of policies, procedures, employee training records, tracking program documentation, PREA employee training curriculum, informational card that outlines the first responder requirements and interviews with the Training Coordinator, PREA site Coordinator, random staff, specialized staff and management staff and observations and questions answered during the tour confirms TCC meets the requirements of standard 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13, D2-11.14 and D2-13.2; Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MODOC Lesson Plans Offender Work Release Procedure Training and Volunteers in Corrections Training, Training Acknowledgment Forms signed by Contractors and Volunteers, MODOC Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor were reviewed and address the requirements of this standard. The level and type of training provided to the contractors and volunteers is based on the level of offender contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by written receipt of training received and understanding of such training. Volunteer and contractor training records were reviewed and indicated the training was acknowledged as being received and understood. Interviews with three contract staff and one volunteer confirm they have received and understand PREA training on their responsibilities.

Based on a review of policies, procedures, training curriculum, volunteer and contractor signed training acknowledgements as well as interviews with staff, contractors and volunteers confirm TCC is compliant with Standard 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats Accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are deaf? ☒ Yes ☐ No

- Does the agency provide inmate education in formats Accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats Accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? ☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; PREA Victim/Abuser Protocol; TCC Offender Handbook; Offender Orientation Sign-in Sheets; PREA Posters, Pamphlets and Speaking Up video were reviewed and address the requirements of this standard. TCC ensures all incoming offenders receive PREA information during the intake process. TCC ensures the intake screening process is conducted the day following the offender's arrival. During intake screening, offenders are provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents. An orientation session is held on Friday of each week and the PREA video is shown, followed by a question and answer session. The PREA training is documented for each offender and maintained in the offender's file. Offenders sign acknowledgement forms indicating they received and understand the information. Interviews were conducted with 41 offenders confirmed they received PREA information during intake and attended orientation upon their arrival. Additionally, PREA information is posted in all housing and common areas and is

accessible to the offender population which provides offenders with a continuously and readily availability of PREA education resources. Each offender interviewed, reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews.

Based on review of policies, procedures, PREA education material and video in multiple languages and formats for those offenders who are LEP, deaf, visually impaired or limited in their reading skills, the intake and orientation process that ensures all offenders arriving at the facility receiving PREA information immediately and interviews with intake staff, case managers and offenders confirms that TCC meets the requirement of Standard 115.33.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).]
☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; MODOC Lesson Plan– Special Investigator Training; and Training Acknowledgement for Investigators were reviewed and meet the requirements of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MODOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the ten OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. An OPS Investigator articulated the training provided to all investigators during the interview process.

Based on review of policies, procedures and training records, and interviews with the OPS investigators, TCC is compliant with Standard 115.34.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, TCC Standard Operating Procedures 05-2.3 Offender Internal Classification (TCC IS/SOP 05-2.3), PREA Specialized Training for Medical and Mental Health

curriculum; SANE/SAFE training curriculum were reviewed and meet the requirements of this standard. All staff who provide health care and/or mental health services, have participated in a specialized session entitled PREA for Medical and Mental Health Care. Staff members received training on the following topics, to include trauma-informed care, detecting and assessing signs of sexual abuse and sexual harassment, preserving physical evidence, effective and professional response, reporting and the PREA standards and understanding sexual trauma in custody. The review of medical and mental health personnel training records by the auditor confirmed that these employees also receive the same PREA training as correctional officers and have a duty to report when they have knowledge of sexual abuse. Select staff has also received specialized 40 hour training on conducting forensic exams.

A review of policies, training lesson plans and records, as well as interviews with the Director of Nursing//SANE, medical and mental health staff, confirm the facility's compliance with this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS5-2.3 Offender Internal Classification (MODOC Policy IS5-2.3), TCC IS/SOP 05-2.13 and the Adult Internal Risk Assessment (AIRA) Manual and PREA AIRA Screening Form were reviewed and address the requirements of this standard. Policy stated the offender shall be assessed utilizing the AIRA Tool to identify those at risk for being sexually abusive or sexually abused. The initial screening shall be completed within 72 hours of the offender's arrival at the facility. Reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. During interviews with Intake Staff and offenders, the initial screening is conducted within 24 hours of the offender's arrival. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Offenders that are identified as potential victims are referred for a mental health evaluation. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to identified authorized staff only. The policy prohibits disciplining offenders for refusing to answer or for not disclosing complete information related to the screening questions.

Based on review of policies, procedures, forms and observation of the intake screening and assessment process which takes places within 24 hours after arrival as well as interviews with staff responsible for screening and offenders, TCC exceeds the requirements of Standard 115.41.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Policy IS5-2.3; MODOC Policy IS5-3.1; Missouri Department of Corrections Institutional Services Procedural Manual, IS18-1.1 Required Activities (MODOC Policy IS18-1.1) and reports from the Transgender Committee meeting were reviewed and address the requirements of this standard. TCC uses information from the risk assessment with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Based on the assessment offenders are scored as Alpha (high risk of abusiveness), Kappa (low risk of abusiveness or victimization) or Sigma (high risk of victimization). TCC's offender population is divided by zones. There are three zones offenders reside in, zone 2 houses kappa's, zone 3 houses sigma's and kappa's and zone 4 houses alphas and kappa's. Any specialty units that house both alphas and sigma's will separate the two by north and south side of the housing unit with the sigma's closest to the officer's desk/line of vision. Each zone eats together, goes to recreation together and goes to school together so alphas and sigma's intermingling is greatly reduced but not completely eliminated. With regard to employment Alphas are not employed in food service due to lack of staffing and an inability to maintain eyes on supervision at all

times, all other work assignments the supervisor is responsible for knowing the offenders classification score and maintaining supervision of the individuals they employ.

Offenders Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each offender. Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offenders health and safety, and whether the placement would present management or security problems. Interviews with staff confirmed a transgender or intersex offender's own view with respect to his or her own safety is given consideration. Placement and programming assignments for each transgender or intersex inmate are reassessed at least once every six months. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. TCC does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. Eight LGBTI offenders were interviewed.

Based on review of policies and procedures; zone process and interviews with the Warden, PREA Coordinator and Case Manager, TCC exceeds the requirement of Standard 115.42.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have Access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No

- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to administrative segregation or protective custody for no longer than a 30 day period.

Based on review of policies, procedures, protocol, and interviews with the Warden, Major and staff supervising offenders in segregated housing TCC is compliant with Standard 115.43.

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the inmate to remain anonymous upon request?
☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment?
☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D1-8.9; Employee Handbook; Offender Handbook; PREA Posters and Brochure; TCC Coordinated Response Plan; MOU with Department of Public Safety and the PREA Hotline information was reviewed and address the requirements of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and harassment. Offenders receive a copy of The Offender Handbook during the intake process which advises them that they can contact any staff member or by calling the Department's confidential hotline to report sexual abuse or harassment internally. The hotline number was tested by the auditor and was found to be working. Additionally, there are posters throughout the facility which also inform the offenders of other reporting options. To report to an external organization, offenders can write the Missouri Department of Public Safety, Crimes Victims' Unit. Reports may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MODOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Agency policy requires staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties. TCC does not house offenders solely for civil immigration offenses. Per the Employee

Handbook, Staff members may anonymously report allegations of offender sexual abuse, harassment, or retaliation utilizing the staff tips hotline. Offenders interviewed indicated they were familiar with the various ways to report sexual abuse or harassment allegations. Interviews with random staff, random offenders and disabled offenders confirmed their knowledge of methods for offenders to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing to outside personnel. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MODOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations by the offenders is accessible to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Based on review of policies, procedures, Employee and Offender Handbooks, brochures and posters and interviews with random sample of staff and offenders TCC is compliant with Standard 115.51.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☐ Yes ☒ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; Missouri Department of Corrections Department Procedural Manual, D5-3.2 Offender Grievances (MODOC Policy D5-3.2 were reviewed and address the requirements of this standard. Offenders are informed of the grievance process during orientation. Offenders will not be required to use any informal grievance or complaint process. Offenders will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Offenders will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the offender in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MODOC authorizes assistance for filing these grievances by third parties, to include other offenders, family members, friends, attorneys, and outside advocates. The Agency policies also address the offender's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the offender within 48 hours upon receipt of the grievance and a final

decision must be issued within 5 days. There were seven grievances filed at TCC in the last 12 months that alleged sexual harassment and zero alleged sexual abuse.

Based on review of policies and procedures; interview with the Warden and staff handling offender grievances; random selection of staff and offenders, TCC is compliant with standard 115.52.

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them Access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in Accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policy D1-8.13; PREA advocacy brochure; Offender Handbook and MOU with Missouri Department of Public Safety Brochure were reviewed and address the requirements of this standard. Policies are in place and enforced to provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of national victim advocacy or rape crisis organizations.

The facility provides this information in multiple ways to the offenders: during the education process, in the PREA brochure, in the Offender Handbook, and on posters within the facility. Ensuring the alleged victim receives the advocacy brochure is part of the PREA response checklist. The facility enables reasonable communication between offenders and these organizations and agencies in as confidential a manner as possible. According to interviews with random sample of offenders they are aware of and have access to victim advocates for emotional support services available outside the facility for dealing with sexual abuse. The facility informs offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

The agency and facility has attempted to obtain an agreement for a community victim advocate from a rape crisis center. However at this time, an agreement has not been established. The effort to obtain an agreement is documented in various emails. The agency continues to solicit community rape crisis organizations across the State that are willing to establish a partnership with the agency. In lieu of a local community victim advocate the facility has available three trained and qualified staff members available to provide emotional support services and counseling on and off the facility as needed.

Based on policies and procedures, availability of addresses and phone numbers to national sexual abuse agencies, documented ongoing attempts to seek agreement with local community agencies to provide offenders with a victim advocate, availability of a staff advocate and interviews with the Chaplain/Victim Advocate, Institution Activity Coordinator/Victim Advocate and offenders, TCC is compliant with Standard 115.53.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, third party reporting posters and the MODOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>) were reviewed and address the requirements of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the OPS PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at DOC.PREA@dc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA third party reporting brochures which is provided to offenders and posted throughout the facility. Interviews with staff and offenders confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

Based on review of policies, brochures, posters, MODOC website and interviews with staff and offenders, TCC is compliant with standard 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?

☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC Policy D1-8.13; Missouri Department of Corrections Institutional Services Procedural Manual, IS11-32 Receiving Screening- Intake center (MODOC Policy IS11-32); Chapter 217 and 630 of the MODOC Revised Statutes and the TCC Coordinated Response Plan were reviewed and address the requirements of this standard. In accordance with policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report offender sexual abuse is a Class A Misdemeanor. All staff, volunteers, and

contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against offenders or staff who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions.

Policy is in place to ensure unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners are required to report sexual abuse pursuant to the first paragraph of this section and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services. According to interviews with the facility medical and mental health staff at the initiation of services to an offender they disclose the limitations of confidentiality and their duty to report. Staff reported they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of it. TCC does not house any offenders under the age of 18.

Based on review of policies and procedures; interviews with the Warden, PREA Manager, medical and mental health staff and random sample of staff TCC is compliant with standard 115.61.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, Missouri State Statute Chapter 217.410 and the Involuntary Segregated Housing for Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and staff are trained to ensure that when the facility learns that an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender. Per interviews with the Warden and random sample of staff, when learning that an offender is subject to a substantial risk of imminent sexual abuse each case is evaluated by the facility based upon the nature of the report and the potential harm. Supervisory rounds are increased as appropriate; offender at risk or potential predator may be moved to another housing unit or transferred. If no other options are available offenders are placed in temporarily protective custody until other steps can be taken. During the past 12 months there were no times the facility determined that an offender was subject to a substantial risk of imminent sexual abuse.

Based on review of policies, procedures and interviews with the Warden and random sample of staff, TCC is compliant with Standard 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in Accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policy D1-8.13 was reviewed and addresses the requirement of this standard. MODOC policy require upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offenders sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager will document the notification made. TCC received zero allegations during the past 12 months of a sexual abuse that occurred at another MODOC facility. In the past 12 months, there were no allegations of sexual abuse that occurred at TCC received from other facilities.

Based on review of policies, documentation and interviews with the PREA Manager and Warden, TCC is compliant with Standard 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; MODOC Lesson Plan on Coordinated Response; and TCC Coordinated Response Protocol were reviewed and addresses the requirement of this standard. Policies are in place to ensure upon learning of an allegation that an offender was sexually abused, the first staff member to respond to the report shall be required to: 1) separate the alleged victim and abuser; 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any action that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating defecating, smoking, drinking or eating.

In the past 12 months there were seven allegations of sexual abuse received at TCC. None of the allegation reported in the past 12 months were within a time frame that allowed for collection of physical evidence. A random selection of staff interviewed confirmed they are trained and could respond as a 1st responder if necessary. Policies are in place and enforced to ensure if the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. Of the 7 allegations reported, the number of times a non-security staff was able to perform first responder duty was five and security staff were notified. The agency and the facility have further emphasized first responder duties by distributing pocket cards on sexual assault/harassment to include steps to take if a sexual assault occurs.

Based on a review of policies; procedures, training and interviews with Warden random sample of staff and informational pocket card that includes information about PREA and steps to take if a sexual abuse occurs, TCC is compliant with standard 115.64.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; TCC Coordinated Response Protocol; PREA Allegation Notification Checklist and MODOC Lesson Plan for First Responders were reviewed and address the requirements of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, medical, mental health and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each is aware of their specific responsibilities under this plan.

Based on review of the policy, TCC Coordinated Response Protocol and interviews with the facility Warden and random staff confirms TCC meets the requirements of Standard 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D2-11.6 Labor Organizations and the Labor Agreement with the State of Missouri and the Missouri Correctional Officer Association were reviewed and address the requirements of this standard. Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. The facility can remove alleged staff sexual abusers from contact with any offenders or place an employee on administrative leave pending the outcome of an investigation and is compliant with this standard.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy MODOC D1-8.13 and the MODOC PREA Assessment/Retaliation Status Checklist were reviewed and address the requirements of this standard. Eleven offenders reported an allegation of sexual harassment/abuse and were placed on retaliation monitoring in the past 12 months. TCC has not had any individual express fear of retaliation during the past 12 months. An interview with the Warden, Correctional Case Manager (CCM) and Functional Unit Manager (FUM) assigned to monitor offender retaliation confirmed awareness of policy and monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or offender would be conducted initially and every 30 days up to 90 days and longer if necessary. These meetings are documented. The policies and checklist provides multiple protective measures to ensure the safety of the offender that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or offender abuser from contract with the alleged victim, and emotional support services for offenders or staff who fear retaliation. Staff monitors an offender's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff.

Based on the review of policies, procedures completed monitoring checklists and interviews with the Warden, CCM and FUM, TCC is compliant with standard 115.67.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; IS21.1 Temporary Administrative Segregation Confinement and the Involuntary Segregated Housing of Protective Custody Protocol were reviewed and address the requirements of this standard. The agency has policies and procedures in place and enforced to ensure offenders at high risk for sexual victimization are not placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an offender would be placed in involuntary segregation housing, the offender would have a review conducted by the Shift Commander, Warden and classification committee. Alleged victims of offender sexual abuse or offenders viewed as being at risk of victimization should not be assigned to Administrative segregation Protective custody for no longer than a 30 day period.

TCC has placed zero offenders who made allegations of sexual abuse in involuntary segregated housing in the past twelve months.

Based on review of policies, procedures, protocol, Directive from the Warden and interviews with the Warden, and staff supervising offenders in segregated housing TCC is compliant with Standard 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.1; D1-8.13, Investigator training records and Investigative Files were reviewed and address the requirements of this standard. The MODOC ensures all allegations of sexual abuse or sexual harassment are investigated. The OPS PREA Unit is responsible for all criminal and administrative investigations of offender on offender sexual abuse/harassment

allegations and all administrative investigations of staff on offender sexual abuse/harassment allegations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed.

Investigations of allegations of sexual abuse and sexual harassment, are done promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports; the credibility of an alleged victim, suspect, or witness are assessed on an individual basis and shall not be determined by the person's status as offender or staff; the Agency does not require an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation; substantiated allegations of conduct that appears to be criminal are referred for prosecution; when the quality of evidence appears to support criminal prosecution, the agency conducts compelled interview only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution. The investigator interviewed reported they investigate immediately and they judge the credibility of an alleged victim, suspect, or witness based on: the individual – how they present during interviews; past dealings with them; how the evidence obtained matches up with their version of events; the motives they may have to lie and other verbal and nonverbal cues. The investigator reported they refer cases for prosecution any time there appears to be evidence that an incident of sexual abuse occurred. There were no substantiated allegations of conduct that appeared to be criminal that was referred for prosecution since the last PREA audit.

MODOC uses investigators: who have received special training in sexual abuse investigations pursuant to Standard 115.34; gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; interview alleged victim, suspected perpetrators, and witnesses; review prior complaints and reports of sexual abuse involving the suspected perpetrator; and departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation

The Investigative file contains copies of all the witness statements, documents, reports and other evidence. Policies are in place to ensure investigations: 1) include an effort to determine whether staff actions or failures to act contributed to the abuse; and 2) are documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible. The agency retains all written reports referenced above for 90 years. In the past twelve months, TCC reported eleven allegations of sexual abuse/harassment were received and all resulted in a PREA investigations. There were no substantiated allegations that appeared to be criminal that were referred for prosecution.

Based on review of policies, procedures, training records and lesson plans, investigative files and interviews with Warden, PREA Manager and OPS Investigator, TCC is compliant with Standard 115.71.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

In Accordance with MODOC Policy D1-8.13 and interview with the OPS Investigator, the OPS Investigative Unit does not impose a standard greater than the preponderance of evidence.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☐ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; closed Investigation files and the offender notification form were reviewed and meet the requirements of this standard. The OPS PREA Unit has a process in place to notify the offender upon close out of the investigation as to whether the allegation was determined to be finding of substantiated, unsubstantiated, or unfounded. All notifications are in writing, documented and signed by the offender. In the event that the investigation was conducted by an outside agency, the OPS PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. For all sexual abuse investigations completed in the last 12 months, the offenders were notified in writing of the results.

Based on review of policy, procedures, investigative files and interviews with Warden and OPS Investigator TCC is compliant with standard 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D2-11.10 Staff Conduct were reviewed and meet the requirement of this standard. The Policies address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MODOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement. TCC has had zero incidents of employee resignation for issues of sexual abuse or sexual harassment in the past twelve months. Staff interviews revealed an awareness of the Agency's zero tolerance policy and disciplinary procedures that pertains to sexual abuse and sexual harassment.

Based on review of policies, forms and files; interviews with PREA Coordinator and Warden, TCC is compliant with Standard 115.76.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and D2-13.1 were reviewed and meet the requirements of this standard. MODOC has a zero tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one volunteer and two contractors, all were aware of the policies as outlined. TCC reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of an offender since the past twelve months.

Based on review of policies, procedures, training curriculum and interviews with Warden, volunteer and contractors, TCC is in compliance with Standard 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of Access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13 and IS19-1.1 were reviewed and meet the requirements of this standard. The policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the act of an offender's participation in sexual activities will be considered during the discipline process. An offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be unfounded, will not receive discipline for making the report. In the past twelve months, TCC has had one substantiated incident of offenders on offender sexual abuse. TCC offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

Based on review of policies and procedures and interviews with the Warden, Major, Medical and Mental Health staff confirms TCC is compliant with Standard 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)
☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policies D1-8.13; IS11-32 and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place to offer all offenders that disclosed any prior sexual victimization or previously perpetrated sexual abuse a follow-up meeting with a medical or mental health staff within 14 days of intake. In the past 12 months, 100% of the offenders who disclosed prior victimization were offered a follow-up meeting with medical or mental health care staff. Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health

staff maintain secondary material documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis. The auditor reviewed offender files in medical and mental health and found documentation of all meetings per policy. Policy mandates that all information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to allow for informed decisions for treatment plans, security and management decisions. Informed consent is obtained before reporting information about prior sexual victimization that did not occur in an institutional setting. TCC does not house any offenders under the age of 18.

Based on review of policies, procedures, forms and files and interviews with the director of Nursing and medical and mental health staff, TCC is compliant with Standard 115.81.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners According to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely Access to emergency contraception and sexually transmitted infections prophylaxis, in Accordance with professionally Accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13, TCC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and address the requirement of this standard. . Policies are in place and enforced to ensure offender victims of sexual abuse receive timely unimpeded Access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, notes) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning sexually transmitted infection prophylaxis.

In the past 12 months there were 9 allegations of offenders that were victims of sexual abuse. Referrals to Mental Health were made in all cases. The auditor reviewed closed investigative file and offender files in medical and mental health and found documentation per policy. Interviews with security and non-security staff found they carry a card with instructions on being a first responder and are very prepared to act as a first responder if required. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Based on review of policies, procedures, forms and files and interviews with the Warden, HSA, security staff and medical and mental health staff, TCC is compliant with Standard 115.82.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely Access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** *(Requires Corrective Action)*

MODOC Policy D1-8.13; TCC Coordinated Response Protocol and Corizon Health Contractual Requirements were reviewed and meet the requirement of this standard. Policies are in place and enforced to offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. This is an all-male facility and services offered would be for male population. Review of files indicates that the evaluation and treatment is offered and documented per policy. The evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and , when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; the facility provides such victims with medical and mental health services consistent with the community level of care and offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. The medical and mental health services offered at the facility are consistent with community level of care. Offender victims of sexual abuse while incarcerated are offered test for sexually transmitted infections as medically appropriate. Policies are in place and enforced to ensure the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners.

Based on review of policies, procedures, forms and files and interviews with the HAS, medical and mental health staff confirms TCC is compliant with Standard 115.83.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and completed PREA Sexual Abuse Debriefing reports were reviewed and meet the requirement of this standard. MODOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. The review team includes upper-level management

officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. Interview with the Warden indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. There were two sexual abuse allegation investigations completed in the past 12 months that required an Incident Review. A form has been developed to capture the review and any recommendations of the review team and includes documentation as to reasons for not enforcing the recommendations.

Based on review of policies, procedures, Incident review reports and interviews with Warden and Incident Review Team Members, TCC is compliant with Standard 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy Directive D1-8.13; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, were reviewed and meet the requirements of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the COIN system. The TCC does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility's current year's data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year's data, corrective actions and an assessment of the department's progress in addressing offender sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MODOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency's website.

Based on the interviews with the Warden, PREA Manager and review of the Annual Reports and Surveys of Sexual Victimization, TCC is compliant with Standard 115.87.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13 and the PREA Annual Reports posted on the Agency's website were reviewed and meet the requirement of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer or designee PREA Manager or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Manager indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MODOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Based on review of policies, procedures, agency website and annual reports, as well as interviews with the Warden and PREA Manager, TCC is compliant with Standard 115.88.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MODOC Policy D1-8.13; PREA Annual Report and the Agency's PREA Website were reviewed and meet the requirement of this standard. MODOC policy requires the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MODOC data is retained for at least 90 years and is secured by

Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MODOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the Agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

Based on review of policies, procedures, agency website, the Annual Report and interview with the PREA Manager, TCC is compliant with Standard 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

115.401 (h)

- Did the auditor have Access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, offenders, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditor was given Access to and an opportunity to tour and visit all areas of the facility. The auditor was given Access to tour the full facility. The auditor was provided with offices that ensured privacy in conducting interviews with offenders and staff during the site visit. Notice of PREA audit was posted on May 3, 2018. Interview with random offenders stated they have seen posting. No offenders contacted the auditor prior to or after the audit. MODOC meets the requirement of this standard. While the auditor was tour the facility several offenders approached the auditor and asked questions. MODOC meets the requirement of this standard.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was

published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The MODOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MODOC is composed of 22 Adult Institutions, 7 Community Supervision Centers, and 1 Transition Center. A review of the website found the Final PREA Audit Reports for 42 of MODOC facilities between the years of 2014 – 2018. There were 3 facilities audited in 2018, 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was May 29, 2018, well within the 90-day requirement. MODOC meets the requirement of this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

David Andraska

July 23, 2018

Auditor Signature

Date

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report July 14, 2018

Auditor Information

| | |
|--|---|
| Name: Debra D. Dawson | Email: dddawsonprofessionalaudits@gmail.com |
| Company Name: 3D PREA Auditing & Consulting, LLC | |
| Mailing Address: P.O. Box 5825 | City, State, Zip: Greenwood, FL 32443 |
| Telephone: 850-209-4878 | Date of Facility Visit: May 30 – 31, 2018 |

Agency Information

| | | | |
|--|-----------------------------------|---|---|
| Name of Agency: | | Governing Authority or Parent Agency (If Applicable): | |
| Missouri Department of Corrections | | | |
| Physical Address: 2729 Plaza Drive | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: | | City, State, Zip: | |
| Telephone: 573-751-2389 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: Improving lives for safer communities | | | |
| Agency Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |

Agency Chief Executive Officer

| | |
|---------------------------------|-------------------------|
| Name: Anne L. Precythe | Title: Director |
| Email: anne.precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | |
|-------------------------------|--|
| Name: Vevia Sturm | Title: Office of Professional Standard (OPS) PREA Manager |
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573-522-3335 |

| | | | |
|--|-----------------------------------|--|---|
| PREA Coordinator Reports to: Richard Williams, Chief Legal Council | | Number of Compliance Managers who report to the PREA Coordinator 29 | |
| Facility Information | | | |
| Name of Facility: Western Reception Diagnostic and Correctional Center | | | |
| Physical Address: 3401 Faraon Street, St. Joseph, MO 64506 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: 816-387-2158 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |
| Facility Mission: Improving lives for safer communities | | | |
| Facility Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |
| Warden/Superintendent | | | |
| Name: Richard Stepanek | | Title: Warden | |
| Email: Richard.Stepanek@doc.mo.gov | | Telephone: 816-387-2158 | |
| Facility PREA Site Manager | | | |
| Name: Ryan Brownlow | | Title: Deputy Warden/ PREA Site Coordinator | |
| Email: Ryan.Brownlow@doc.mo.gov | | Telephone: 816-387-2158 | |
| Facility Health Service Administrator | | | |
| Name: Machele Wallace | | Title: Acting Health Services Administrator | |
| Email: Machele.Wallace@doc.mo.gov | | Telephone: 816-387-2158 | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 2976 | | Current Population of Facility: 1933 | |
| Number of offenders admitted to facility during the past 12 months | | | 7055 |
| Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 5158 |
| Number of offenders admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 7055 |

| | | | |
|--|---------------------------------|--|---|
| Number of offenders on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of Population: | Youthful Offenders Under 18: 17 | Adults: 18-74 | |
| Are youthful offenders housed separately from the adult population? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Number of youthful offenders housed at this facility during the past 12 months: | | | 4 |
| Average length of stay or time under supervision: | | | 149.1 days |
| Facility security level/offender custody levels: | | | Min-max |
| Number of staff currently employed by the facility who may have contact with offenders: | | | 583 |
| Number of staff hired by the facility during the past 12 months who may have contact with offenders: | | | 116 |
| Number of contracts in the past 12 months for services with contractors who may have contact with offenders: | | | 2 |
| Physical Plant | | | |
| Number of Buildings: 19 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 4 | |
| Number of Open Bay/Dorm Housing Units: | | 13 Wings within 4 housing units | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 72 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): | | | |
| There are 116 cameras are strategically located throughout the facility. | | | |
| Medical | | | |
| Type of Medical Facility: | | 24 hour Infirmary care (Level 5 Facility) | |
| Forensic sexual assault medical exams are conducted at: | | On Site Nursing Staff; Mosaic Life Care | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with offenders, currently authorized to enter the facility: | | | 83 volunteers / 163 contractors |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 10 Statewide |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Western Reception Diagnostic and Correctional Center (WRDCC), Missouri Department of Corrections (MDOC) was conducted on May 30 – 31, 2018. The PREA Recertification Audit was coordinated through the Missouri Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. Mr. Bobby Edwards was assigned to serve the PREA auditor's support staff. A line of communication was developed between the Office of Professional Standards (OPS) PREA Unit Manager Vevia Sturm and Debra Dawson to schedule the assigned audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA audit team arrived at WRDCC at 8: 00 a.m., on May 30, 2018, and began the entrance meeting. The entrance meeting was held with Debra Dawson, DOJ Certified PREA auditor, Mr. Bobby Edwards, PREA auditor support staff, Mr. Ryan Brownlow, Deputy Warden/PREA Site Coordinator, Jacqueline Boyer, Deputy Warden, Chris Brewer, Chief of Custody (Major) and Mr. Richard Stepanek, Warden. The Deputy Warden serves as the facility PREA Site Coordinator and will be identified as such throughout the report.

A tour of the facility began at approximately 8:40 a.m. The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and offenders during the site visit. Areas visited during the tour included the main lobby, greenhouse, canteen, warehouses, laundry, property storage, education , food services/dining halls, housing units, medical, mental health, education, recreation, various program areas, administration, intake area, control rooms.

PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to staffs and offenders in both English and Spanish. The notification of the PREA audit visit was documented as posted on April 16, 2018, well in excess of the six week required notification period.

A photograph of the posted notice was provided to the auditor after posting. At the completion of the tour, the auditing team began conducting staff and offender interviews.

Western Reception Diagnostic and Correctional Center employs 583 employees with 420 custody and 163 non-custody MDOC staff who may have contact with the offenders. A total of 41 staff was interviewed during the audit. The auditing team was provided separate offices to conduct private interviews with staff and offenders. Twenty-three staff was selected for random staff interviews that included: mail room staff; maintenance workers; food service workers; correctional officers from the many various shifts; administrative staff; and Probation and Patrol Officer. The specialized staff was selected for interview by the auditor was based on their assigned specialized PREA responsibilities. There was 26 specialized staff interviews conducted. Those specialized staff interviewed included: (1) Director of Adult Institutions, (1) Warden, (1) Agency Contract Administrator; (1) PREA Manager ; (1) Deputy Warden/PREA Site Coordinator; (1) Incident Review Team Member; (2) Contract Medical Contract Staff; (1) Contract Mental Health Staff; (3) Intermediate or Higher Supervisor; (1) Staff Who Perform Screening For Risk Of Victimization and Abusiveness; (2) Investigative Staff; (3) Designated Staff Member Charged With Monitoring Retaliation; (1) Staff Who Supervise Inmates in Segregated Housing; (1) Acting Human Resource Manager; (1) SANE Nurse; (1) Intake Staff; (3) Volunteers; (1) Staff Who Have Acted As First Responder; However all staff to include Probation and Patrol Field Officers may serve as a First Responder. All staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment.

The PREA Site Coordinator provided the auditor and auditor support staff personnel with housing unit rosters that identified offenders alphabetical, and by bed assignments in addition to rosters for the targeted group of offenders for interviews. The offender base count was 1933 on the first day of the site visit, May 30, 2018. Forty-four offenders were selected for random interviews. Twenty offenders were informally interviewed during the tour. Offenders were chosen by a random selection of bed assignments. Fourteen offenders were identified from the target group for interviews as following: (1) Inmate Who Identified as Transgender; (2) Offenders Identified with Disabilities; (2) Offenders Who Identified as Gay; (8) Offenders Who Reported Sexual Victimization During Risk Screening. There were zero offenders at WRDCC who were identified as meeting the following categories: Offender Who Reported Sexual Abuse; Offenders who identify as Lesbian, or Bisexual; Offender who identify as or Intersex; Offenders identified as Limited English Proficiency. Offenders interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

There were 15 allegations made involving sexual acts to include sexual touching were determined as the following:

6 allegations of offender on offender sexual acts determined as 1 Sustained; 2 Not Sustained; and 3 Unfounded.

5 allegations of offenders on offender sexual touching determined as 1- Sustained; 2 – Not Sustained; 2- Unfounded.

3 allegations of employee on offender sexual touching with 1 Sustained; 2 Unfounded

1 allegation of employee on offender sexual acts determined as Unfounded.

There were 12 allegations reported for offender on offender sexual harassment with 11 determined as Not Sustained and 1 Unfounded.

There were 9 employee on offender sexual harassment allegations reported with 1 determined as Sustained; 7 Not Sustained and 1 Unfounded.

MDOC publishes their investigative policy on its website www.doc.mo.gov/OD/PREA.php. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

An exit meeting was conducted on May 31, 2018, at approximately 7:00 p.m. Those in attendance were Debra Dawson, DOJ Certified PREA auditor, Mr. Bobby Edwards, PREA auditor support staff, Mr. Ryan Brownlow, Deputy Warden/PREA Site Coordinator, Jacqueline Boyer, Deputy Warden, Adam Albach, OPS Assistant PREA Coordinator, and Richard Stepanek, Warden.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the offender, offender or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Western Reception Diagnostic and Correctional Center is located at 3401 Faraon Street, St. Joseph, Missouri. The total acreage of WRDCC is 168 acres, with 71 acres located in the secured perimeter. The facility is comprised of 19 buildings with 13 wings within 4 housing units and has 521 cameras strategically located to assist in maintaining security and the prevention of sexual abuse/harassment. The offender capacity rate is 2976. The base count on the first day of the site visit was 1933. The facility is used to house a variety of offenders to include those who have been sentenced, probation/parole returns and those who are assigned to treatment with custody levels ranging from minimum – maximum. The average length of stay for the offenders is 149.1 days. A total of 7055 offenders were admitted to the facility within the past 12 months of the audit. The offenders admitted to the facility during the past 12 months whose length of stay in the facility for 30 days or longer were 5158.

WRDCC employees 583 staff with 420 custody and 163 non-custody. Eighty-three volunteers provide various services to include religious services. MODC and WRDCC have successfully formed 8 contracts with various agencies to provide services to the offender population. These agencies are with Corizon for medical and mental health, Gateway for Substance Abuse, Interpreters Unlimited, Missouri Western State University (MWSU-Education), Saint Joe School District (Education) City of St. Joe (Work Release) Missouri Department of Transportation (MODOT-Work Release); Food Bank (Work Release) with a total of 163 contract workers.

The WRDCC has four housing units each with cell capacities of 2 – 12 persons. Housing unit #1 consists of five floors. The housing unit has a capacity rate of 630 offenders. The first floor consists of Medical and office space. Offenders with a custody level of minimum to medium are housed on floors 2 -5.

Housing unit #6 has three floors and a capacity rate of 446 offenders. Offenders with a custody level of minimum are housed on floors 1 - 2. The Puppies 4 Parole Work Release is housed on floor 1 with a capacity rate of 142 offenders. Fourteen puppies were enrolled in the Puppies 4 Parole Work Release Program. The 2nd floor house minimum custody offenders for Work Release and has a capacity rate of 152 offenders. The 3rd floor houses minimum to medium custody offenders. This floor is designated as the Therapeutic Community Work Release and has a capacity rate of 152 offenders.

Housing Unit #11 has three floors for minimum custody offenders. There are 128 beds on this floor. However, 12 beds are utilized for Juvenile offenders that allow separate housing from the adult general population. Offenders housed on the remaining 1st room and 2nd (168 beds) are those who chose to participate with The Restorative Justice Program. Floor on the 3rd floor are minimum custody offender who are enrolled in the Partial Day Treatment Restorative Justice Program and has 116 beds.

Housing Unit #10 has a capacity rate of 895 offender beds. This unit has 3 floors and 4 wings. The 1st floor wings 1-2DS, 1-2Ed and 1-2 FD make the Administrative Segregation Unit. The 1st and 2nd floor wings 1-2 GD, 1-2HD, 1-2ID, 1TD and 1JD house Diagnostic Offenders. The 2nd floor is the Technical Care Unit for medical. The 3rd and 4th floor wings 3-4DD, 3-4ED, 3-4FD, 3-4GD, 3-4HD and 3-4ID house Diagnostic Offenders.

The Food Service Department prepare meals in one kitchen area that is surrounded by four dining areas to include three separate ones for the various classifications of the inmate population and one for staff dining.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

115.16; 115.17; 115.31; 115.33; 115.51

Number of Standards Met: 38

115.11; 115.12; 115.13; 115.14; 115.15; 115.18; 115.21; 115.22; 115.32 115.34; 115.35; 115.41; 115.42; 115.43; 115.52; 115.53; 115.54; 115.61; 115.62; 115.63; 115.64; 115.65; 115.66; 115.67; 115.68; 115.71; 115.72; 115.73; 115.76; 115.77; 115.78; 115.81; 115.82; 115.83; 115.86; 115.87; 115.88; 115.89

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

N/A

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA Site Manager ? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA Site Manager have sufficient time and authority to coordinate the facility's

efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes
☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Department of Corrections Procedural Manual D1-8-13 Offender Sexual Abuse and Harassment; Offender Handbook; Director's Office Organization Chart; Western Reception Diagnostic and Correctional Center (WRDCC) Standard Operating Procedure; duties of the PREA Manager and Deputy Warden/PREA Site Coordinator, and Interviews with Staff and Inmates, it was determined WRDCC meets the mandate of this standard. WRDCC and MDOC have written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of offenders with sanctions for those found to have participated in these prohibited behaviors. Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of offenders.

The OPS PREA Manager is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. In 2013, the PREA Manager chartered 16 interagency teams to assist with developing a plan to implement PREA standards in the policies and practices of DMOC facilities. Each team was assigned specific standards, and tasked with reviewing current policy and practice, identifying best practices and developing a plan for implementation. The plan was forwarded to the PREA Manager and her oversight team for review. Once the plan approved, the PREA Manager, with support of executive staff, ensured each plan was implemented through the MDOC system. A Deputy Warden or above is responsible for ensuring PREA standards are maintained with Adult Institutions. Unit Supervisors are responsible for ensuring PREA standards in Community Supervision Centers and the Transitional Center. Effective communication is routinely maintained through phone

calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

Standard 115.12: Contracting with other entities for the confinement of offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its offenders with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of offenders OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Missouri Department of Corrections has contracts for the confinement of offenders/offenders with four Offenderial Facilities, Schirmer House, Reality House, Metropolitan Employment Rehabilitation Services, (MERS Goodwill), and Heartland Center for Behavior Change (HCBC). These contractors do

not provide services to WRDCC. A copy of the contracts was provided and it is determined there is a PREA acknowledgement and requirement in each contract.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect offenders against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the offender population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution

programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☐ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: PREA Yearly Staffing Report; Annual PREA Report; Review of Security Staff Rosters; Memo to File, it was determined WRDCC meets the mandate of this standard. WRDCC has established a staffing plan which provides for adequate levels of staffing and where applicable, they use direct monitoring to protect offenders against sexual abuse. Interviews with the Warden, and PREA Manager in addition to a review of the staffing plan confirmed the staffing plan is evaluated every year. The staffing plan is developed with consideration to generally acceptable correctional practices; any judicial findings, any findings of inadequacy from federal investigative agencies, any findings of inadequacy from internal or external oversight bodies, all components of the physical plant, the offender population, the number and placement of supervisory staff, institutional programs and the shifts they occur on applicable state or local laws or regulations, the prevalence of substantiated and unsubstantiated incidents of sexual abuse and any other relevant information. The staffing positions are developed from the staffing plan established by MDOC. The staffing plan is forwarded to the PREA Manager each year by the end of March at which time she provides input. Staffing Plans and Staffing Plans Meeting Minutes was available for review by the auditor. The Staffing Plan gave consideration of the 11 areas noted in regards to the physical layout and daily operational needs of the facility. The staffing analysis and minimal staffing patterns as well as the departments security camera procedure account for blind spots and isolated areas within the facility.

An interview with the Warden that noted the Chief of Custody (Major) reviews the security staff rosters daily and advises him of any staff shortage for critical post assignments. Overtime is authorized rather than the closing of program areas and/or vacating critical post. Interviews with supervisors confirmed staffs are prohibited from advising others of supervisory rounds being conducted. However, deviations from the established staffing patterns would be reflected within shift summary reports, custody staffing rosters, custody overtime records and shift chronological logs. This documentation may include notation within activity logs reflecting activities that were cancelled or rescheduled to a time when adequate supervision was present.

A review of log book entries confirmed intermediate and higher level staff are conducting unannounced rounds as required within the agency's policy. Supervisory staff and random staff were aware of agency's policy prohibiting staff from notifying other staff that supervisory rounds are being conducted.

Standard 115.14: Youthful offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful offenders in housing units that separate them from sight, sound, and physical contact with any adult offenders through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful offenders and adult offenders? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☒ Yes ☐ No ☐ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful offenders in isolation to comply with this provision? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☒ Yes ☐ No ☐ NA
- Does the agency, while complying with this provision, allow youthful offenders daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☒ Yes ☐ No ☐ NA
- Do youthful offenders have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful offenders [offenders <18 years old].) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC SOPD1-8.13, Offender Sexual Abuse and Sexual Harassment; SOP5-3.1, Offender Housing Assignment; SOP5-1.1 Diagnostic Center Reception and Orientation; Juvenile Unit Orientation, Juvenile Unit Schedule; Juvenile Housing Units, it is determined that WRDCC meets the mandate of this standard. WRDCC temporarily houses Youthful Offenders until they are transferred to a designated facility (Farmington Correctional Center). Exigent of weather or staffing issues, youthful offenders received at WRDCC are transferred immediately or a within 24 hours period. This procedure was confirmed through review of the youthful inmates' arrival and departure logs at WRDCC. While housed at WRDCC youthful inmates are maintained sight and sound separation from other offenders within a separate housing area. There were no youthful inmates housed at WRDCC during the site visit.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female offenders in non-exigent circumstances? (N/A here for facilities with less than 50 offenders before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female offenders' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 offenders before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female offenders?
☐ Yes ☐ No ☒ NA

115.15 (d)

- Does the facility implement a policy and practice that enables offenders to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an offender housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex offenders for the sole purpose of determining the offender's genital status? ☒ Yes ☐ No
- If an offender's genital status is unknown, does the facility determine genital status during conversations with the offender, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex offenders in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC 20-1.3 Institutional Searches; Lesson Plan – Searches; SOP6-1.3 Offender Personal Appearance; Interviews with Warden, supervisory staff, random staff, and random offenders, the WRDCC meets the mandate of this standard. Cross-gender strip searches are not conducted at WRDCC. Staff shall not conduct cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners. There were zero body cavity searches and/or cross-gender strip searches that met the requirement of exigent circumstances or were performed by staff other than medical practitioners. The facility has implemented policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breast, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks. WRDCC utilizes modesty barriers and/or doors in toilet areas that allow the offenders privacy when using the toilet. Shower curtains are appropriately installed. Policies and procedures require staff of the opposite gender to announce their presence when entering an offender's housing unit. WRDCC has a sufficient number of male staff to prevent the need for cross gender searches. However in any circumstance that such as search was needed, the search would require prior approval of the Warden and a review of the circumstance by the PREA Site Coordinator.

Interviews with the selection of random staff, and offenders from each housing unit confirmed offenders are able to shower, perform bodily functions and change clothing without non-medical staff of the opposite gender viewing them as required by the standard. Interviews with staff and offenders confirmed staff of the opposite gender announces their presence when entering an offender housing unit. Announcements are made advising offenders that staff on the opposite gender is working the housing unit at the beginning of each shift and upon female staff entering the offenders' housing units. This practice was observed by the auditors upon female employees entering the housing units.

One (1) offender identified as transgender was assigned at the WRDCC. The offender stated he is allowed to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing his breasts, buttocks, or genitalia. The transgender offender confirmed staffs perform pat-searches in a professional and respectful manner, and in the least intrusive manner possible, while being consistent with security needs. There were zero inmates identified as intersex at WRDCC during the site visit.

Standard 115.16: Offenders with disabilities and offenders who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: offenders who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: offenders who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes)? ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with offenders who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with offenders with disabilities including offenders who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to offenders who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on offender interpreters, offender readers, or other types of offender assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties under §115.64, or the investigation of the offender's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOCD1-8.13 Offender Sexual Abuse and Sexual Harassment; Sign Language Contract; Language Services Contract; Lesson Plan – Special Needs Offenders; PREA Training Acknowledgement; PREA Video, Posters, Brochures, and PREA Brochure in Braille; List of Bilingual Staff, it is determined WRDCC meets the mandate of this standard. WRDCC takes steps and has policies that ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PREA posters and educational materials are provided in English and Spanish. Offenders who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Offenders who are blind are provided an audio version in either English or Spanish. The PREA video titled "PREA: What you need to Know" is shown to the offenders during intake and again during the release/transfer process that include subtitles. Seven staff at the facility is noted to serve as translators in various languages as needed to the inmate population. The PREA Brochure is provided in Braille.

Interviews with random staff confirmed the facility does not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise an offender's safety, the performance of first responder duties, or the investigation of an offender's allegations. Two offenders identified to have handicap disabilities were interviewed by the auditing team and confirmed the facility provides PREA education in a manner they understand. There were zero offenders identified as limited English proficient or required translation services during the site visit.

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with offenders who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with offenders, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with offenders, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with offenders? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with offenders or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with offenders directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13, Offender Sexual Abuse and Harassment; Directive D2-2.2, Background Investigations; D2-2.8 Promotional Appointment; D2-2.10, Re-Employment Appointment; D2-13.1, Volunteers; D2-13.2, Student Interns; PREA Hiring Checklist; Background Checklist for Contractors; D1-5.1 Maintenance of Employee Records; D2-5.1 Maintenance of Employee Records; Interviews with Director of Adult Institutions, Warden, Human Resource Personnel, and PREA Manager, and additional memorandums and personnel forms provided, WRDCC exceeds in meeting the mandate of this standard. Before hiring new employees, human resources staff or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted on the first day of the staff's member birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Parole (MULES) that provides information collected Nationwide. The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or offender of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. In accordance with D2-5.1 Maintenance of Employee Records, Released for Closed Information: Verification of information, other than public information will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse

and/or harassment of an offender during employment by the department. Such information will be obtained by contracting central office human resources. Confirmation of compliance with this standard was supported during staff interviews, review of completed applications and background checks. There was 116 new staff members hired at WRDCC in the past 12 months of the audit.

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect offenders from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of 2017 Annual PREA Facility Assessment; MDCO D4-4.8 Security Camera Operations it is determined that the WRDCC has not had any substantial renovations to the physical plant; however, there has been a review of the cameras and video monitoring system that includes upgrades. WRDCC has a plan to upgrade cameras and DVD systems over the course of the year. The PREA Site Coordinator has been involved in the review and planning of this expansion to ensure that offenders are protected from sexual abuse.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.8, Evidence Collection; Directive D1-8.13, Offender Sexual Abuse and Harassment; Memorandum of Understanding (MOU) with Young Women Christian Association (YWCA); D1-8.1 Office of Professional Standards; Advocacy Training; WRDCC Coordinated Response Protocol Interviews with Warden and PREA Manager, WRDCC meets the mandate of this standard. The MDOC is responsible for conducting all criminal and administrative investigations within the agency. Investigations are conducted by the Agency's OPS PREA Unit. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. WRDCC conducts all protocols and forensic medical examinations at the facility. These services are provided by a SANE nurse who is contracted through Corzion during investigations involving offender on offender allegations of sexual abuse. A SANE nurse is on call 24/7 to report to the facility as needed. The alleged victim will be transported to Mosaic Life Care Hospital for a forensic examination of all staff on offender allegations of sexual abuse. The WRDCC Chaplain is qualified to serve as a facility advocate to the victims and is utilized as the site advocacy liaison. Additionally, the facility has a MOU with the YWCA to provide advocacy to victims. An advocate is provided to the offender upon request through the YWCA to provide emotional support through the forensic medical examination and investigation interviews. As soon as possible following the victimization, the YWCA advocate will be called and asked to meet the victim at the hospital where the victim will be transported to. Emergency healthcare as well as forensic examinations by SANE nurse are provided at the outside facility with no cost to the offender. An interview was conducted with an OPS Investigator who is responsible for responding to incidents of sexual abuse/sexual assault. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Interviews with the Warden, PREA Manager and OPS Investigator and representative from YWCA, all confirmed these services are available to all victims of sexual abuse upon request. The MDOC conducts offender on offender sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditing team. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, the Department must request that investigative agencies that conduct PREA

investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol. The uniform evidence protocol used includes sufficient technical detail to aid responders in obtaining useable physical evidence and is appropriate for youth when necessary. There were no offenders assigned at WRDCC who reported sexual abuse to interview in regarding to the process completed.

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews Investigative Staffs, it is determined that WRDCC meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

The facility's Investigator One/Institution Investigating Officer Division of Adult Institution is responsible for conducting all administrative investigations involving offender on offender sexual harassment. The OPS Investigators are responsible for conducting all sexual abuse investigations and all sexual harassment allegations involving staff on offender. When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a offender related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Interviews with both the facility investigator (Investigator One/Institution Investigating

Officer Division of Adult Institution) and OPS Investigator confirmed this practice during the interview process.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with offenders on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on offenders' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on the right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to avoid inappropriate relationships with offenders? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming offenders? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with offenders on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the offenders at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male offenders to a facility that houses only female offenders, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with offenders received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of: Directive D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, WRDCC exceeds in meeting the mandate of this standard. MDOC mandates a training PREA course training that addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with offenders, how to communicate effectively

and professionally with offenders, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years during in-service training. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations made and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditing team. WRDCC provides training tailored to the gender of the male offenders at the facility and includes training that includes the search of transgender and intersex offenders. There were no staffs that transferred to WRDCC (male facility) from a correctional facility that house only female offenders. However, policy does dedicate gender training on searches.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with offenders been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with offenders)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard (Requires Corrective Action)**

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13, Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MDOC Lesson Plan – PREA Module for Volunteers and Contractors; Offender Work Release Procedures Training; Training Acknowledgment Forms signed by Contractors and Volunteers; Missouri Department of Corrections Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor; Interviews with Contractors and Volunteers, WRDCC meets the mandate of this standard. WRDCC had 83 volunteers and 163 contractors during the audit site. There are 13 mental health and 56 medical staff contracted through Corzian, in addition to others through Gateway (Substance Abuse) Interpreters Unlimited, Missouri Western State University (MWSU Education; St. Joe School District (Education); City of St. Joe (Work Release); Missouri Department of Transportation (MODOT-Work Release) Food Bank (Work Release) for a total of 163 contractors. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training.

The level and type of training provided to the contractors and volunteers is based on the level of contact with the offenders. Vending contractors are escorted by a staff member at all times or receive PREA prior to entering the facility. PREA training provided to volunteers and contractors includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. Contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they documented their signature as receiving and understanding the PREA training received. A random selection of contractors and volunteer training records reviewed by the auditing team confirmed acknowledgement of the PREA training received. Two medical and one mental health contract worker in addition to three religious services volunteers was interviewed and acknowledged receiving and understanding the PREA training received.

Standard 115.33: Offender education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do offenders receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do offenders receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to offenders either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all offenders received such education? ☒ Yes ☐ No
- Do offenders receive education upon transfer to a different facility to the extent that the policies and procedures of the offender's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide offender education in formats accessible to all offenders including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide offender education in formats accessible to all offenders including those who are deaf? ☒ Yes ☐ No
- Does the agency provide offender education in formats accessible to all offenders including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide offender education in formats accessible to all offenders including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide offender education in formats accessible to all offenders including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of offender participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Victim/Abuser Protocol; WRDCC Offender Orientation Handbook; Offender Orientation Sign-in Sheets; PREA Posters, Pamphlets, PREA Video, DAI Education Directive, and Interviews with Intake Staff, Random and Targeted Offenders, WRDCC meets the mandate of this standard. WRDCC ensures all incoming offenders receive PREA training on the day of arrival during the intake process. Offenders are presented with a PREA video provided through two monitors during the intake process via two monitors titled "PREA: What you need to know." The PREA video is continuously played. Additionally, the offenders are presented with PREA educational material by the Case Manager during the intake screening process during the site visit. The auditing team observed the intake screening process of numerous offenders during the site visit. Offenders are also provided a PREA pamphlet and offender handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents to include a hotline number and various address to write. The facility's staff provide PREA relation education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency are provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department will make reasonable accommodations to provide these documents in the offender's language. In circumstances it is not possible to translate the documents to the offender's native language the department's PREA Site Coordinator or designee will utilize an interpreter to assist the offender in understanding the information provided. Offenders document receipt of receiving PREA training on the Offender Sexual Abuse Harassment Acknowledgement form. Formal interview with 44 offenders and informal interviews with 20 offenders confirmed they received PREA information on the day of arrival during the intake process. The auditing team observed the intake process and delivery of PREA education to arriving offenders. Key PREA information is readily

available or visible to all offenders through PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment and provide continuous a selection of PREA educational resources. Each offender reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving PREA education during interviews. Offenders also review the PREA video during their outgoing process from the WRDCC.

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Missouri Department of Corrections policy D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan – Special Investigator Training; Training Acknowledgement for Investigators; Interviews with the Investigator One/Institution Investigating Officer Division of Adult Institution and OPS Investigator, WRDCC meets the mandate of this standard. Investigators within the department of the OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the 10 OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. The OPS Investigator articulated the training provided to all investigators during the interview process. The Investigative One/Institution Investigating Officer Division of Adult Institution is assigned to the facility and only conducts offender on offender sexual harassment investigations. Documentation of her specialized training was provided to the auditing team for review.

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; In-Service PREA Training for Medical Staff; Lesson Plan – SAFE/SANE; List Certified SAFE/SANE nurses; IS11-34.1 Health Assessment and Physical Examination it is determined that WRDCC meets the mandate of this standard. The training curriculum includes how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment. Forensic medical examinations are conducted by a contract SANE Nurse at WRDCC. Medical staff at the facility also provides first aid care as needed without disturbing any evidence of an alleged sexual assault victim pending the arrival of a SANE nurse who will conduct the forensic examination. The medical department is contracted through CORIZON and provides forensic examination for alleged victims only pertaining to offender on offender allegations of sexual abuse. Offenders who report allegations of sexual abuse by a staff member are escorted to Mosaic Life Center Hospital for forensic examinations. Medical and mental health care practitioners receive the training mandated for employees under 115.31 or for contractors and volunteers under 115.32. Interviews with two medical staff, one SANE nurse, and one mental health demonstrated their understanding on how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to victims of sexual abuse and sexual harassment, and how and who to report allegations or suspicions of sexual abuse and sexual harassment during the interview process. Two medical and one mental health contract staffs was interviewed in addition to a SANE Nurse. Each articulated their understanding and receipt of PREA training in reference to this standard.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all offenders assessed during an intake screening for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? ☒ Yes ☐ No
- Are all offenders assessed upon transfer to another facility for their risk of being sexually abused by other offenders or sexually abusive toward other offenders? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (1) Whether the offender has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (2) The age of the offender? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (3) The physical build of the offender? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (4) Whether the offender has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (5) Whether the offender's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (6) Whether the offender has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (7) Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the offender about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the offender is gender nonconforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (8) Whether the offender has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (9) The offender's own perception of vulnerability? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess offenders for risk of sexual victimization: (10) Whether the offender is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing offenders for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the offender's arrival at the facility, does the facility reassess the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an offender's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess an offender's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an offender's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an offender's risk level when warranted due to a: Receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that offenders are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive

information is not exploited to the offender's detriment by staff or other offenders? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; SOP5-2.3 Offender Internal Classification; Adult Internal Risk Assessment; PREA Risk Assessment; IS11-34.1 Health Assessment and Physical Examination; and Interviews with Medical and Mental Health staff, Intake staff, and PREA Site Coordinator it is determined WRDCC meets the mandate of this standard. All offenders are screened for risk of victimization and abusiveness upon arrival. The screening is completed by the Intake Staff within the first couple hours of arrival. Policy stated the offender shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to identify those at risk for being sexually abusive or sexually abuse. The initial screening was completed within 72 hours of the offender's arrival at the facility. The initial screening is processed by the Case Manager. Case Managers are also assigned to conduct a reassessment within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Interviews with Intake Staff and offenders indicated the risk screening assessments are conducted within the first hour of the offender's arrival. The screening instrument includes whether the offender has a mental, physical, or developmental disability, the age and physical build of the offender, previously incarceration history, whether the offender's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Staff reassesses the offender's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the offender's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the offender's classification file. These files are accessible to identified authorized staff only. Apart from reporting to designated supervisors and/or officials, staffs are prohibited from revealing any information related to a sexual abuse report to anyone other than to make treatment, investigation, and other security and management decisions. A review of the screening forms; confirmed offenders are normally reassessed on the 25th day of their arrival.

Documentation confirmed compliance with this standard. Interviews were conducted with random and targeted offenders confirmed receiving reassessment within 30 days of their arrival. A review of the files noted the offenders as receiving the assessments are conducted within 30 days. The Intake Staff and PREA Site Coordinator confirmed offenders are not disciplined for refusing to answer, or for not disclosing complete information during the screening for risk of victimization and abusiveness.

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each offender? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex offender to a facility for male or female offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns offenders

to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No

- When making housing or other program assignments for transgender or intersex offenders, does the agency consider on a case-by-case basis whether a placement would ensure the offender's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex offender reassessed at least twice each year to review any threats to safety experienced by the offender? ☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex offender's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex offenders given the opportunity to shower separately from other offenders? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: lesbian, gay, and bisexual offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex offenders, does the agency always refrain from placing: intersex offenders in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; SOP 5-2.3 Offender Internal Classification; SOP 18-1.1 Required Activities; SOP 5-3.1 Offender Housing Assignments; Sigma/Alpha Housing Assignments; Transgender Committee Report; and Interviews with Intake Staff and PREA Site Coordinator it is determined that WRDCC meets the mandate of this standard. WRDCC uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each offender.

The agency has policy outlining the use of screening information. Transgender or intersex offender's housing is considered on a case-by-case basis, placement considers the offender's health and safety, and whether the placement would present management or security problems. Those offenders identified as transgender or intersex would be reassessed every six months and additionally if needed. Transgender and intersex offender's own view with respect to his own safety is given consideration. Transgender and intersex offenders are given the opportunity to shower separately from other offenders. The agency does not place lesbian, gay, bisexual, transgender, or intersex offenders in a dedicated unit based solely on identification or status. One offender identified as transgender was designated at WDRCC during the site view and selected for interview. The transgender confirmed his own views toward his safety are given consideration by staff and he has not been placed in a special wing for transgender offenders. The inmate identified as transgender arrived at the WRDCC on April 24, 2018. The second yearly assessment was not applicable during the auditing period.

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- Does the facility always refrain from placing offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No

- If a facility cannot conduct such an assessment immediately, does the facility hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment?
☒ Yes ☐ No

115.43 (b)

- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No
- Do offenders who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign offenders at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?
☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the offender's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each offender who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Offenders at high risk for sexual victimization are not placed in the involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers. If an involuntary segregated housing placement is made the placement is reviewed on a weekly basis until other housing can be found. Segregated housing assignments will not exceed a period of thirty (30) days. Offenders placed in protective custody shall have access to program privileges, education, and work opportunities to the extent possible. If restrictions occur, the facility documents the restrictions, duration of the limitation, and reasons for the limitation. The Warden confirmed staff will conduct a protective custody need assessment, and will make every effort to not place the offender in involuntary segregation such as if there is another alternative by the end of that business day such as reassigning the offender to one of the various wings. If not, the offender would be moved to another facility within two days. There were zero offenders placed in involuntary segregation due to being at a high risk of sexual victimization in the past 12 months of the audit.

REPORTING

Standard 115.51: Offender reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for offenders to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for offenders to privately report: Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for offenders to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for offenders to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the offender to remain anonymous upon request? ☒ Yes ☐ No
- Are offenders detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☒ Yes ☐ No

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of offenders? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the Employee Handbook; Offender Handbook; PREA Posters and Brochure; WRDCC Coordinated Response Plan; MOU with Department of Public Safety, and MDOC D1-8.9 Crime Tips and PREA Hotline MDOC D1-8.13 Offender Sexual Abuse and Harassment; MOU with the YWCA, WRDCC meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the offenders to report sexual abuse and assault. Offenders receive a copy of The Offender PREA pamphlet Handbook during the intake process which advises them they can report internally by reporting by (1) Report the abuse to any staff member either verbally or in writing as soon as possible; (2) Call the department's confidential PREA hotline at any offender phone by listening to the prompts and pressing '8' or dialing (573) 526-PREA (7732); (3) Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102; and (4) if they are assigned to a community release center or community supervision center, they may report sexual abuse using the above guidelines or calling the PREA hotline at (855) 773-6391. External methods also include reporting to the MDOC PREA Unit, the YWCA at 304 North Eighth Street, St. Joseph, MO (816) 232-4481. PREA posters are posted throughout the facility which informs the offenders of reporting options. Reports to an external organization may be made confidentially and remain anonymous upon request. Offenders may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. WRDCC does not house offenders solely for civil immigration offenses. Interviews with random staff, and random offenders confirmed their knowledge on methods for offenders and staff to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing both internally and externally. Interviews with the Investigator One/Institution Investigating Officer Division of Adult Institution and OPS Investigator each confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MDOC policy and the PREA standards. An available method for reporting sexual abuse/harassment allegations that is accessible to the public is through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address offender grievances regarding sexual abuse. This does not mean the agency is exempt simply because an offender does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit offenders to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the offender in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, may an offender consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of offenders? (If a third-party files such a request on behalf of an offender, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her

behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- If the offender declines to have the request processed on his or her behalf, does the agency document the offender's decision? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance alleging an offender is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- Does the initial response and final agency decision document the agency's determination whether the offender is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an offender for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the offender filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Offender Handbook; MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC D5-3.2 Offender Grievance it is determined WRDCC meets the mandate of this standard. Offenders are informed of the grievance process during orientation. WRDCC has policies and procedures that ensure the facility has an administrative procedure for dealing with offender grievances regarding sexual abuse to ensure that there is not a time limit on when an offender may submit a grievance regarding an allegation of sexual abuse. The Agency applies otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse; the agency does not require an offender to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; and nothing in this section shall restrict the agency's ability to defend against an offender lawsuit on the ground that the applicable statute of limitations has expired.

Additionally, an offender who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint. WRDCC will issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance; computation of the 90-day time period does not include time consumed by offenders in preparing any administrative appeal; and the agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the offender in writing of any such extension and provide a date by which a decision will be made at any level of the administrative process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level.

Third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates, are permitted to assist an offender in filing request for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of offenders; if a third party files such a request on behalf of an offenders, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process; and if the offender declines to have the request processed on his or her behalf, the agency shall document the offender's decision.

WRDCC has policies and procedures in place to ensure the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse; and after receiving an emergency grievance alleging an offenders is subject to a substantial risk of imminent sexual abuse, the agency immediately forwards the grievance (or a portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, provides

an initial response within 48 hours, and issues a final agency decision within 5 calendar days. The agency may discipline an offender for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the offender filed the grievance in bad faith. WRDCC did not have any grievances filed related to sexual abuse or sexual harassment.

Standard 115.53: Offender access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- Does the facility provide offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☒ Yes ☐ No
- Does the facility enable reasonable communication between offenders and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform offenders, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide offenders with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA advocacy poster; Offender Handbook; MOU with Missouri Department of Public Safety; Interviews with PREA Manager and PREA Site Coordinator, it was determined Western Reception Diagnostic & Correctional Center meets the mandate of this standard. WDRCC has an MOU with Missouri Department of Public Safety to provide services for a Hotline number for the offenders. WRDCC has a MOU with YWCA to serve as an Advocate Center. The agreement outlines the services provided by the programs as: follow-up with offenders who make direct contact seeking rape crisis services via telephone or mail or requested through MDOC; maintain active, confidential communication with MDOC staff in order to facilitate treatment for offender victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with MDOC. This information is posted in the housing areas near the unit phones. Offenders are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC 20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the offender and staff population. Although the offender population was not aware of advocacy groups services within the community for support services, they reference the information as being posted throughout the facility. The offender population also felt staff would provide with assistance in contacting the services upon request and/or as needed.

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an offender? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>); PREA Posters and Brochures; and Interviews with Random Staff and Random Offenders, WRDCC meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to call 573-526-9003; write PREA Unit Missouri Department of Corrections 2728 Plaza Drive Jefferson City, MO 65109 and/or Emailing DOC.PREA@doc.mo.gov. This information is included in the PREA brochures which are provided to each offender. Interviews with random staff and random offenders confirmed allegations of sexual abuse and/or sexual harassment of offenders could be reported by third party to include family, friends, etc

OFFICIAL RESPONSE FOLLOWING AN OFFENDER REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against offenders or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities

that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; State Law, Chapter 217-410 MDOC Revised Statutes; SOP 11-3.2 Receiving Screening at Intake; PREA

Notification Checklist; WRDCC Coordinated Response Protocol and Interviews with Random Staff; Random Offenders it is determined that WRDCC meets the mandate of this standard. MDOC policies require all staff to immediately report and document sexual abuse and sexual harassment, including third-party and anonymous reports.

Offenders are provided with information on how to report allegations of sexual abuse and/or sexual harassment upon their arrival during the intake process. Random staff was also knowledgeable of their responsibility to report and document all allegations immediately to their supervisor, ranking security supervisor, and/or Warden. Staff interviewed confirmed they are prohibited from discussing information related to sexual abuse reports with anyone other than those directly involved and were aware of methods to report allegations of sexual abuse and/or sexual harassment privately. Interviews with medical and mental health staff confirmed they inform the offender of their duty to report and limits to confidentiality during the initial medical and mental health screening process.

WRDCC only house offenders under the age of 18 for a short period of time while awaiting transfer to a designated facility. Four offenders under the age of 18 were received at WRDCC and transferred out not later than 24 hours within the last 12 months of the PREA audit. WRDCC policy states, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable person's statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

Interviews with the OPS Investigator, and Warden confirmed all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported directly to the designated facility investigators and/or the Office of Professional Standard PREA Unit.

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- When the agency learns that an offender is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the offender? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment it is determined that WRDCC meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect offenders with a substantial risk of sexual abuse. PREA pocket cards are given to all staff that clearly states the first duty is to separate and isolate potential victims, abusers or witnesses. All interviews with random staff confirmed upon becoming aware that an offender is subject to a substantial risk of imminent sexual abuse, the offender would be immediately remove from the area of potential threat. Each case is evaluated by the facility and investigative staff based upon the nature of the report to ensure the safety of the offenders. Precautionary measures may include increased supervisory rounds as appropriate and/or offender at risk or potential predator may be moved to another housing unit. If no other options are available temporarily protective custody until other steps can be taken may be considered, the offender may be transferred to one of the other many MDOC facilities. There were zero offenders identified as subject to a substantial risk of imminent sexual abuse during the past 12 months of the audit process at WRDCC.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- Upon receiving an allegation that an offender was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment WRDCC meets the mandate of this standard. MDOC policy require upon receiving information that an offender has been sexually abused while assigned at another department facility, the coordinated response for offenders sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager documents the notification made. Interviews with the PREA Manager. PREA Site Coordinator, Warden, and OPS Investigator, confirmed their responsibly when becoming aware of such incidents. One allegation was sexual abuse was received at WRDCC as having previously occurred at WRDCC in the last 12 months of the PREA audit. An investigation was completed in regards to the allegation reported.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an offender was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☐ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; MDOC Lesson Plan on Coordinated Response; WRDCC Coordinated Response Protocol; Interviews with Random Staff, Warden, PREA Site Coordinator it is determined that WRDCC meets the mandate of this standard. The PREA pocket card that outlines First Responder duties is issued to all staff. The WRDCC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The responding staff is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. During interviews with random staff, volunteers, contractors, higher and intermediate level supervisors and investigators each articulated their knowledge and responsibility in the steps to follow as a first responder. All staff to include volunteers, contractors, civilians, and security personnel is considered first responders. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. A review of the curriculum for first responder training provided for staff confirmed the agency and facility consider this standard as a priority, and all staff are well knowledgeable of their responsibilities in preparation to serve as a first responder per the requirements of this standard. WRDCC reported 20 reports of sexual abuse in which security staff and/or non-security staff served as a first responder. There were zero allegations reported for penetration of sexual abuse in regards to the 20 reported allegation of sexual abuse. Therefore, the collection of physical evidence was not applicable.

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; WRDCC Coordinated Response to Offender Sexual Abuse; Interviews with Random Staff, Warden, PREA Site Coordinator, PREA Manager, WRDCC meets the mandate of this standard. Staff identified as the first responder is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. WRDCC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. Staff first responders, medical and mental health practitioners, investigators, and facility leadership have designated roles. The Protocol listed provides guidance for the reporting of various allegations that include: Definitions; Basic Roles & Responsibilities; Penetration/ Sexual assault Exam; Penetration/ No Sexual assault Exam; Non-penetration Events; Penetration Events; Sexual Harassment; Exceptions and Resources. A Checklist Form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Incident review information is available for staff reference when responding to allegations of sexual abuse/harassment. All staffs are issued First Responder Duties/How to Report Sexual Abuse Cards which provide details to follow as a first responder. Random staff, specialized staff, contractors, and volunteers, articulated their knowledge and responsibility in the steps to follow as a first responder.

Standard 115.66: Preservation of ability to protect offenders from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any offenders pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with MDOC Directive D2-11.6 Labor Organizations; MDOC and SEIU Labor Agreement, WRDCC meets the mandate of this standard. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS: Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. An interview with the Director of Adult Institutions confirmed the Agency has not entered into any new agreements or renewal with collective bargaining.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- Has the agency established a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for offender victims or abusers, removal of alleged staff or offender abusers from contact with victims, and emotional support services for offenders or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of offenders who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by offenders or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any offender disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor offender housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor offender program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of offenders, does such monitoring also include periodic status checks? ☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? ☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment, and MDOC PREA Retaliation Checklist, Interviews Warden, PREA Manager, and Staff Assigned to Monitor Retaliation, WRDCC meets the mandate of this standard. Two staff (Functional Unit Managers) assigned to monitor inmate retaliation and the PREA Site Coordinator who is assigned to monitor staff

retaliation were interviewed. They are assigned to monitor those identified to have reported allegations of sexual abuse/harassment or fear retaliation for cooperating with an investigation of sexual abuse/harassment with the exception of those determined to be unfounded. Interviews with the Warden, PREA Manager, and those assigned to monitor retaliation confirmed they were aware of the monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the inmate/staff member would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. Policies and checklist provides multiple protective measures to ensure the safety of the offender that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or offender abuser from contract with the alleged victim, and emotional support services for offenders or staff who fear retaliation. Staff monitors an offender's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where an offender is released from MDOC custody, monitoring will stop. However, if the offender is transferred to another MDOC facility, staff responsible of monitoring the offender contacts the receiving institution of the continuing monitoring requirement. Staff requiring monitoring will be monitored for any disciplinary, changes in normal shift assignment, etc. Any staff and or offender found to perform and/or participate in any form of retaliation would be held accountable for such to include disciplinary actions. Documentation was provided to support WRDCC initialed and conducted retaliation monitoring on all allegations of those who reported sexual abuse/sexual harassment. Documentation also supports staff forward notification to the offenders' new institution upon transfer advising them of retaliation monitoring requirement if needed.

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- Is any and all use of segregated housing to protect an offender who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with the review of: MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment; Directive – Segregation Housing for Protective Custody, and PREA Allegation Notification Checklist; and Interview with Warden, it is determined WRDCC meets the mandate of this standard. WRDCC has policies and procedures in place to ensure any use of segregated housing to protect an offender who is alleged to have suffered sexual abuse is subject to the requirements of 115.43. Interview with the Warden confirmed WRDCC does not use segregation as a means to protect an offender who has alleged to have suffered sexual abuse. WRDCC will review other available housing prior to involuntary housing an offender in involuntary housing. There were no offenders reported to have been placed in segregated housing in the past 12 months of the PREA audit. None was available for interview.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as offender or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an offender who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.1 Office of Professional Standards; Interviews with PREA Manager, OPS Investigator, facility's Investigator One/Institution Investigating Officer Division of Adult Institution and Warden, Review of Investigative Files, WRDCC, meets the mandate of this standard. The investigative process was articulated that confirms staffs follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard while describing each measure utilized. Training documentation supporting completion of the specialized training for the 10 State-wide OPS Investigators who are assigned to complete these investigations and a sample of investigative files was provided for review by the auditing team. The MDOC conducts offender on offender sexual abuse/harassment investigations. The facility's Investigator One/Institution Investigating Officer Division of Adult Institution conducts administrative sexual harassment allegations. When an investigator believes there is probable cause that a criminal act has been committed, the investigator conducting the investigation shall: a. in offender related cases: notify the Chief Administrative Officer (CAO), who will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the OPS Investigators complete the investigation and processing of the incident. If the investigation

determines that a criminal act has occurred, the CAO then refers the incident to the appropriate prosecutor's office. In cases where the investigations are conducted by the PREA unit, OPS Investigators will notify the OPS director who will review the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. Under circumstances of employee related cases, the OPS Investigators notify the OPS director who reviews the incident for possible referral to the prosecuting attorney or an outside law enforcement agency. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a offender or staff. Offenders who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. This practice was confirmed upon review of a closed investigative sexual harassment case. All investigative files are retained for 90 years. The OPS Investigator articulated each measure within this standard during sexual abuse investigations. Policy reviewed, review of a closed files and staff interviews confirmed all measures within this standard are adherent too during the interview process.

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with a review of MDOC D1-8.13 Sexual Abuse and Sexual Harassment; PREA Unit Investigative Report it is determined that WRDCC meets the mandate of this standard. Policies and procedures are in place to ensure the facility imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The “preponderance of the evidence” means that more than 50% of the evidence supports the allegation which is determined during administrative investigations. An interview with the OPS PREA Unit Investigator, confirmed criminal cases are referred for possible prosecution when evidence provided is determined to be that beyond a reasonable doubt. The OPS Investigator confirmed he also conduct administrative investigations depending on the circumstances of the case.

Standard 115.73: Reporting to offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- Following an investigation into an offender’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an offender’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the offender? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.73 (c)

- Following an offender’s allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer posted within the offender’s unit? ☒ Yes ☐ No
- Following an offender’s allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an offender’s allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No

- Following an offender's allegation that a staff member has committed sexual abuse against the offender, unless the agency has determined that the allegation is unfounded, or unless the offender has been released from custody, does the agency subsequently inform the offender whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an offender's allegation that he or she has been sexually abused by another offender, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an offender's allegation that he or she has been sexually abused by another offender, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Sexual Harassment; PREA Status Notification of Abuse by a Staff Member; PREA Violations Tracking form; Review of a Closed Investigations, and Interviews with OPS Investigators and PREA Site Coordinator , WRDCC the mandate of this standard. Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA Manager will make notification to the alleged

victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification form or the alleged sexual abuse by staff member notification form. Notification will not be made to the offender following an investigation or inquiry regarding sexual harassment. In the event the investigation was conducted by an outside agency, the Office of the PREA Unit will request relevant information from the outside agency in order to inform the offender of the outcome of the investigation. Notification will be delivered to the offender in writing and documented of investigative findings of substantiated, unsubstantiated, or unfounded cases. A review of the closed investigative files confirmed documentation was made confirming whether the offender was notified and/or if the offender had been released from custody is documented in the case files. An offender who makes allegations that the sexual abuse was perpetrated by a staff member shall be notified of whether the staff member is no longer posted to the offender's unit, the staff member is no longer employed at the facility, the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility, and/or the agency learns the staff member has been convicted on a charge related to sexual abuse within the facility. If the allegation was sexual abuse by another offender, the facility informs the offender whether the alleged abuser has been indicted on a charge related to sexual abuse within the facility and/or convicted on a charge related to sexual abuse within the facility.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; MDOC D2-11.10 Staff Member Conduct, DORS PREA Log; PREA Sexual Abuse Debriefing it is determined that WRDCC meets the mandate of this standard. The employee manual provided to all employees explains the disciplinary process to them. The listed Directive and policies address disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MDOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be relevant licensing or accreditation bodies and law enforcement. One staff member was terminated for violation of PREA guidelines under staff and offender misconduct in the past 12 months.

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with offenders? ☒ Yes ☐ No

- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with offenders? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; D2-13.1 Volunteers; Interviews Volunteers and Contractors, WRDCC meets the mandate of this standard. MDOC has a zero tolerance involving sexual abuse and sexual harassment of offenders by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with 2 medical and 1 mental health contractor and 3 religious services volunteers, all were aware of the policies as outlined. WRDCC reported there were zero incidents reported in past 12 months of volunteers and/or contractors that engaged in sexual abuse of an offender.

Standard 115.78: Disciplinary sanctions for offenders

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- Following an administrative finding that an offender engaged in offender-on-offender sexual abuse, or following a criminal finding of guilt for offender-on-offender sexual abuse, are offenders subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an offender's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending offender to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.78 (e)

- Does the agency discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between offenders to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between offenders.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment SOP 19-1.1 Conduct Rules & Sanctions; Directive – Disciplinary Sanctions and Mental Health; PREA Violations Tracking Report it is determined that WRDCC meets the mandate of this standard. The listed policies outline disciplinary sanctions that may be imposed on offenders who engage in sexual abuse and sexual harassment. Offenders are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between offenders are prohibited and offenders determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other offenders. Disabilities and mental illness factors contributing to the acts of a offender's participation in sexual activities will be considered during the discipline process. A offender reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be substantiated, will not receive discipline for making the report. If an offender is found to be guilty of sexual abuse, the offender will be referred to appropriate treatment (therapy, counseling) by mental health staff members, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Two offenders received disciplinary sanctions for violation of code 41.7 (horseplay) while engaging in consensual sex.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health

practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)

☒ Yes ☐ No ☐ NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail offender has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with review of SOP 11-32 Receiving Screening – Intake Center; PREA Risk Assessment Manual; PREA Log for Mental Health Referrals it is determined that WRDCC meets the mandate of this standard. If the screening indicates the offender has experienced prior sexual victimization whether in the community or in a correctional setting and a forensic examination is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a meeting with a mental health practitioner within 14 days of intake screening. If the screening indicates the offender has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a meeting with a qualified mental health practitioner within 14 days of the intake. Interviews with mental health and medical staff and a review of rosters identifying offenders related to this standard was made available for review by the auditing team.

WRDCC has policies and procedures in place to ensure any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security and management decisions, including housing, bed, work, education, program assignments, or as otherwise required by Federal, State, or local law. Medical and mental health practitioners obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- Do offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are offender victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?

☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offenders Sexual Abuse and Sexual Harassment; PREA Coordinated Response Protocol; Contract with CORIZON it is determined that WRDCC meets the mandates of this standard. Policies and procedures are in place to ensure compliance of allowing offenders access to emergency medical and mental health services. Policy outlines procedures staffs are required to implement in providing timely, unimpeded access to medical treatment, and crisis intervention services to the degree determined by medical and mental health practitioners based on their professional judgment. The offender will be provided minor first aid by qualified medical staff at the agency in a manner that would not compromise the forensic examination.

All security and non-security staff have received PREA cards that list the 7 steps to take as a first responder. Staff also receives first responder training during initial PREA training and during refresher training in taking the preliminary steps to protect the victim pursuant to standard 115.62 and shall immediately notify the appropriate medical and mental health practitioners. Medical staffs are on duty 24 hours seven days a week. The offenders are seen immediately for medical treatment. The offender victims of sexual abuse will be offered timely access to sexually transmitted prophylaxis in accordance with medical standards of care that is medically approved. Services of medical and mental health treatment will be provided to the victim without any financial cost regardless if the victim identify the abuser or cooperate during any investigation that may result from the incident. There were zero allegations of penetration reported at WRDCC during the past the 12 months of this audit.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are offender victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☐ Yes ☐ No ☒ NA

115.83 (f)

- Are offender victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer

treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment it is determined that WRDCC meets the mandate of this standard. WRDCC has policies and procedures in place to ensure the facility offers medical and mental health evaluation and appropriate treatment to offenders who have been victimized by sexual abuse in a correctional confinement facility. Interviews with the PREA Site Coordinator, mental health, and medical staff confirmed that the evaluation and treatment of victims includes as needed, follow-up service, treatment plans and referral for continued care following their transfer to or placement in other facilities or the victim's release from custody. Victims who report allegations of sexual abuse are provided with medical and mental health services consistent with the community level care. The offender victims of sexual abuse are offered tests for sexually transmitted infections as medically appropriate. All treatment of services in regards to the sexual abuse occurring at WRDCC will be without cost to the victims. This includes whether or not the victim identifies his abuser or refuse to cooperate with any investigation that may arise out of the incident. WRDCC does not house female offenders. There were zero allegations of penetration reported at WRDCC during the past the 12 months of this audit.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA Site Manager ? ☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Sexual Harassment and PREA Sexual Abuse Debriefing it is determined that WRDCC meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of every sexual abuse investigations, unless the allegation is determined to be unfounded. Interview with the Warden indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. Corrective actions were recommended to include training of staff in their roles and continuously request of paperwork form the institution that the offender was transferred to until it is eventually received back. The incident review team addressed all measures within this standard during the review.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders? (N/A if agency does not contract for the confinement of its offenders.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, the Agency meets the mandate of this standard. The Agency collects accurate, uniform data for every allegation of sexual abuse at the facility using a standardized instrument and set of definitions, and aggregates the incident-based sexual abuse data at least annually. The data collected is based on the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. MDOC reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The WRDCC does not contract its offenders to other facilities. MDOC provides all data from the previous calendar year to the Department of Justice upon request.

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC Agency Website; PREA Annual Report it was determined the Agency meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC PREA Annual Report; MDOC PREA Website, WRDCC and the Agency meets the mandate of this standard. MDOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MDOC data and investigative cases are retained for at 90 years and are secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with offenders, offenders, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were offenders permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility

type operated by the agency was audited. The PREA auditing team was given access to and an opportunity to tour and visit all areas of the facility. The auditor and support staff was given access to tour the full facility. The auditor and support staff was provided with offices that ensured privacy in conducting interviews with offenders and staff during the site visit. An interview with staff assigned to monitor offender's mail, confirmed offenders were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel by sealing the outgoing mail. The auditor did not receive any correspondence from the offender population.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MDOC is composed of 22 Adult Institutions, 6 Community Supervision Centers, and 1 Transition Center in St. Louis. Additionally, there are more than 40 district offices, along with institutional parole offices, offenderial facilities and satellite offices in seven regions. A review of the website found the Final Audit Reports for 39 PREA Audits of MDOC

facilities between the years of 2014 – 2017. There are 3 audits posted thus far for 2018, 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was June 12, 2018, well within the 90-day requirement. MDOC meets the mandate of this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any offender or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra Dawson

July 14, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report

Adult Prisons & Jails

☐ Interim ☒ Final

Date of Report 18 July 2018

Auditor Information

Name: Marc L. Coudriet

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3D PREA Auditing & Consulting, LLC

Mailing Address: 5630 Paradise Drive

City, State, Zip: Midlothian, Texas 76065

Telephone: 910-750-9005

Date of Facility Visit: 25-27 June 2018

Agency Information

Name of Agency:
Missouri Department of Corrections

Governing Authority or Parent Agency (If Applicable): State of Missouri

Physical Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO, 65101

Mailing Address: 2729 Plaza Drive

City, State, Zip: Jefferson City, MO, 65101

Telephone: (573) 751- 2389

Is Agency accredited by any organization?
☒ Yes ☐ No

The Agency Is: ACA

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

Agency mission: The department is dedicated to the public safety of all Missourians and works to make Missouri safer. We foster rehabilitation, treatment and education to help ensure that justice-involved Missourians contribute to their communities, both inside and outside our walls.

Agency Website with PREA Information: <http://docintranet.ads.state.mo.us/Division/OD/PREA.html>

Agency Chief Executive Officer

Name: Anne Precythe

Title: Missouri Department of Corrections/Director

Email: Anne.Precythe@doc.mo.gov

Telephone: (573) 526-6607

Agency-Wide PREA Coordinator

| | |
|--|---|
| Name: Vevia Sturm | Title: Agency PREA Coordinator |
| Email: Vivia.Sturm@doc.mo.gov | Telephone: (573) 522-3335 |
| PREA Coordinator Reports to: Matt Briesacher, Director, Office of Professional Standards | Number of Compliance Managers who report to the PREA Coordinator 0 |

Facility Information**Name of Facility:** Women's Eastern Reception, Diagnostic and Correctional Center**Physical Address:** 1101 East Highway 54, Vandalia, MO 63382**Mailing Address (if different than above):****Telephone Number:** (573) 594-6686

| | | | |
|------------------------------------|-----------------------------------|---|---|
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for profit | <input type="checkbox"/> Private not for profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Jail | <input checked="" type="checkbox"/> Prison | |

Facility Mission: The department is dedicated to the public safety of all Missourians and works to make Missouri safer. We foster rehabilitation, treatment and education to help ensure that justice-involved Missourians contribute to their communities, both inside and outside our walls.

Facility Website with PREA Information: <http://doc.mo.gov/OD/PREA/php>**Warden/Superintendent**

| | |
|--|----------------------------------|
| Name: Angela Mesmer | Title: Warden |
| Email: Angela.Mesmer@doc.mo.gov | Telephone: (573) 594-6686 |

Facility PREA Compliance Manager

| | |
|---------------------------------------|---|
| Name: Todd Francis | Title: Deputy Warden of Operations |
| Email: Todd.Francis@doc.mo.gov | Telephone: (573) 594-6686 |

Facility Health Service Administrator

| | |
|---|---|
| Name: Danielle Halterman | Title: Health Services Administrator |
| Email: Danielle.Halterman@doc.mo.gov | Telephone: (573) 594-6686 |

Facility Characteristics

| | | | |
|---|--------------------------------------|---|---|
| Designated Facility Capacity: 2076 | | Current Population of Facility: 1687 | |
| Number of inmates admitted to facility during the past 12 months | | | 3513 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 3174 |
| Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 3512 |
| Number of inmates on date of audit who were admitted to facility prior to August 20, 2012: | | | 66 |
| Age Range of Population: | Youthful Inmates Under 18: 17 | Adults: 18-71 | |
| Are youthful inmates housed separately from the adult population? | | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> NA |
| Number of youthful inmates housed at this facility during the past 12 months: | | | 3 |
| Average length of stay or time under supervision: | | | 6.4 months |
| Facility security level/inmate custody levels: | | | C1 - C5/Minimum - Maximum |
| Number of staff currently employed by the facility who may have contact with inmates: | | | 561 |
| Number of staff hired by the facility during the past 12 months who may have contact with inmates: | | | 49 |
| Number of contracts in the past 12 months for services with contractors who may have contact with inmates: | | | 43 |
| Physical Plant | | | |
| Number of Buildings: 10 | | Number of Single Cell Housing Units: 2 | |
| Number of Multiple Occupancy Cell Housing Units: | | 7 | |
| Number of Open Bay/Dorm Housing Units: | | 1 | |
| Number of Segregation Cells (Administrative and Disciplinary): | | 105 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): Seventeen DVR Monitoring Systems, 11 DSSRV, 2 Pelco 8100, 1 Pelco 4100 (Visiting Room), and 4 Ameba Systems. Control Center upgrading 2 Ameba Systems to 1 DSSRV. Upon upgrade completion 2 Ameba Systems will remain. 399 cameras throughout the institution. | | | |
| Medical | | | |
| Type of Medical Facility: | | 24/7 Nursing Care including infirmary and hospice. | |
| Forensic sexual assault medical exams are conducted at: | | Lincoln County Medical Center & University Hospital | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility: | | | 175 |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 31 |

Audit Findings

Audit Narrative

Prior to the audit, Women's Eastern Reception Diagnostic and Correctional Center (WERDCC) provided the auditor with appropriate policies, procedures and facility documentation related to the standards for review. Offenders and staff from WERDCC provided information to the auditor via U.S.P.S. mailed correspondence; all information received was reviewed, follow on questions with the offenders and answers to those questions were exchanged in person and all areas of concern were added to the auditor's inspection tasks during the on-site audit. Two youthful offenders are housed at WERDCC, these offenders were interviewed, and both stated they feel they are in a safe environment. The audit was coordinated through 3D PREA Auditing & Consulting, LLC. The audit began at 8:00 a.m., following the introductory meeting with Warden Angela Mesmer; Deputy Warden Todd Francis; Chief of Custody Derek Henolren; PREA Investigator Leslie Carsey; and Agency Assistant PREA Coordinator Adam Albach. Deputy Warden Todd Francis assisted the auditor during the audit and tour process and Agency Assistant PREA Coordinator Adam Albach, was present during this audit as the Agency liaison and to provide insight and guidance on Agency-wide policies as it pertaining to the PREA Program. The personnel accompanied this auditor as I toured the facility multiple times throughout this audit. All areas of WERDCC were toured including, intake, all offender housing units, restrictive housing, the medical area, food service, education, law library, work areas and the recreation areas. The auditor informally interviewed (1) volunteer; (17) contract staff/administrative support staff, security staff, and (7) offenders during the multiple tours of the facility.

The PREA Resource Audit Instrument used for Adult Prisons and Jails was furnished by the National PREA Resource Center. To summarize, there are seven sections, A through G, comprised of the following: A) Pre-Audit Questionnaire; B) the Auditor Compliance Tool; C) Instructions for the PREA Audit Tour; D) the Interview Protocols; E) the Auditor's Summary Report; F) the Process Map; and G) the Checklist of Documentation. This auditor reviewed each item on the Pre-Audit Questionnaire and additional material sent prior to the audit visit.

A Notice of PREA Audit was sent to the Women's Eastern Reception Diagnostic and Correctional Center (WERDCC) and confirmed posted by Deputy Warden Todd Francis on May 16, 2018. Notices were to be posted in all living units, program areas, recreation areas and any other areas that offenders would gather. The notice also contained contact information of the auditing agency and advised staff and offenders that the onsite portion of the PREA audit will be conducted on June 25 -27, 2018.

The auditor viewed camera placements, showers/restrooms and observed cross-gendered announcements being made to offenders. PREA reporting information was clearly marked on bulletin boards in each living unit. It was noted that emotional support service information was posted throughout the facility. In all living units, toilets and shower stalls all had appropriate coverings.

While touring WERDCC the auditor viewed the intake room and was viewed orientation packets. These packets included information on PREA in accordance with the PREA standards. The intake officer was also able to show the orientation packets were available in various languages and in large print. The auditor also viewed the strip search room located behind a door and operated by female staff only. In addition to the living units, medical area, outside recreation, inside recreation, dining areas, library, programs, and control posts were also toured. PREA reporting information in English and Spanish were found on every bulletin board and were clearly marked

Deputy Warden Todd Francis provided the PREA standards files for preliminary review, these files were used to complete most of the information on the PREA Compliance Audit Instrument Checklist of Policies/Procedures and other documents in advance to identify additional information that might be required during the site visit. Additional information concerning WERDCC was provided upon arrival to Vandalia, Missouri.

On Monday, this auditor conducted formal interviews with (16) Random staff; (1) Agency Contract Administrator's designee; (2) Intermediate or higher level facility staff; (1) Chaplain; (1) Medical/Mental Health staff; (1) Administrative Human Resource staff; (1) Volunteer/Contractor who has contact with offenders; (1) Staff who performs screening for risk of victimization and abusiveness; (2) Staff who supervise offenders in restrictive housing; (1) Staff on the incident review team; (1) Designated staff member charged with monitoring retaliation; (2) First Responders - security and non-security; and (2) Intake staff.

On Tuesday this auditor conducted formal interviews with (1) Investigative staff; (1) SANE/SAFE staff; (8) Random staff; (2) Intermediate or higher-level facility staff; and (1) Medical/Mental Health staff; (40) Random offenders; (9) LGBT offenders; There were no Limited English Proficient offenders present at the time of the audit site visit; (1) offenders who report sexual abuse or harassment and (4) offenders who reported previous abuse or harassment during the intake screening, and (3) Offenders in restrictive housing. Formal interviews were conducted with staff from all shifts, during the audit a total of (45) staff and (59) offenders were formally or informally interviewed. Formal interviews were conducted utilizing the approved PREA questionnaires from the PREA Resource Center. The random sample of offenders was selected from the high security and general housing population. This facility has one investigative staff who cover this region regularly, additional investigative staff can be assigned to this region if necessary.

Many offenders interviewed stated WERDCC has a safe quality of life, their main issue of content is a group of offenders are using the Missouri PREA policies as a bullying tool to harass and move other offenders and staff by making false allegations on them, which by current policy the agency immediately moves the staff and/or offender to another area. For the offender, they lose their education and program placement when that occurs. For the staff, they are moved to a none or low offender contact post, which weakens the security posture in the areas where security is needed. During the offender interviews, the offenders stated except for the misuse of the PREA program, the atmosphere in WERDCC is a positive and respectful environment; they have established professional and respectful interactions between the staff and offender population.

WERDCC provided appropriate accommodations for the auditor to conduct inmate and staff interviews. The auditor was given access to staff files, inmate files and any documentation that was requested. Facility staff was great to work with and were very accommodating. Deputy Warden Todd Francis, PREA Investigator Leslie Carsey and Agency Assistant PREA Coordinator Adam Albach were readily available to answer any questions and assist in any way. Staff at WERDCC was extremely helpful and polite throughout the entire process.

Facility Characteristics

The Women's Eastern Reception, Diagnostic and Correctional Center (WERDCC) is located in Vandalia, Missouri and officially opened January 5, 1998. It was built to replace the Renz Correctional Center that was destroyed by the Missouri River flood in the summer of 1993. WERDCC complex covers approximately 47 acres of the 117 acre site. WERDCC receives offenders from all Missouri counties to begin their sentence to the Department of Corrections. WERDCC also houses probation/parole returns as well as those offenders sentenced to treatment. The current population at WERDCC is 1,687 adult female offenders. During the past 12 months 3,513 offenders have been admitted to this facility. Of this number, 3,174 admitted had a length of stay longer than thirty days. The age range of the current offender populations is 17-71 with custody levels being from minimum to maximum custody.

WERDCC has 561 employees who have contact with the offender population. This staff is responsible for the security of ten buildings, which include seven multiple occupancy housing units, two single cell housing units, one open bay/dorm housing unit and a segregation unit. Currently, there are 56 cells (92 beds) used for segregation.

In addition to its 561 employees, WERDCC also has 175 volunteers who are currently authorized to enter the facility. There are 41 investigators across the State of Missouri with one investigator being housed at WERDCC.

General Population Unit, the units are divided into four wings with four or five offenders assigned to each room. The wings are controlled by a central control unit. There is a dayroom with a television in each wing where the offenders are allowed to visit other offenders within their assigned wings. Each wing has an upper and lower dayroom, three telephones, two laundry areas, a multi-purpose room that may be used a quiet room, TV room or a classroom. Corrections Officers supervise the offenders and provide for the security and safety of the housing unit.

Each housing unit is supervised by a Functional Unit Manager (FUM) who supervise the staff and offenders in his/her housing unit. A clerical staff member assists the classification staff in each housing unit. Each house has at least three Case Managers. Classification staff maintains the offender's classification files to include filing documents and making appropriate chronological entries. They also complete regular Reclassification Analysis (RCA's) and update these as changes occur and process visiting applications. Two Classification Assistants are assigned to the institution.

WERDCC has an onsite medical facility that provides most medical services with a 24-hour infirmary care. The Missouri Department of Corrections contracts with Corizon to provide medical care to the offender population. For WERDCC, medical services encompass Nursing, Doctors' Sick Call, Dental, Optometry, X-rays, and infirmary care. They are responsible for all medical requests the offenders need daily. The medical unit is accredited by the National Commission on Correctional Health Care; it does provide some forensic sexual assault medical exams and they have an alternate sexual assault medical exams location at the Lincoln County Medical Center, 1000 E. Cherry Street, Troy, MO 63379.

Summary of Audit Findings

Number of Standards Exceeded: 4

Standard 115.13: Supervision and monitoring Standard 115.31: Employee training Standard 115.32: Volunteer and contractor training Standard 115.33: Inmate education

Number of Standards Met: 41

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator Standard 115.12: Contracting with other entities for the confinement of inmates Standard 115.15: Limits to cross-gender viewing and searches Standard 115.16: Inmates with disabilities and inmates who are limited English proficient Standard 115.14: Youthful inmates Standard 115.17: Hiring and promotion decisions Standard 115.18: Upgrades to facilities and technologies Standard 115.21: Evidence protocol and forensic medical examinations Standard 115.22: Policies to ensure referrals of allegations for investigations Standard 115.35: Specialized training: Medical and mental health care Standard 115.41: Screening for risk of victimization and abusiveness Standard 115.42: Use of screening information Standard 115.43: Protective Custody Standard 115.51: Inmate reporting Standard 115.52: Exhaustion of administrative remedies Standard 115.53: Inmate access to outside confidential support services Standard 115.54: Third-party reporting Standard 115.61: Staff and agency reporting duties Standard 115.62: Agency protection duties Standard 115.64: Staff first responder duties Standard 115.67: Agency protection against retaliation Standard 115.65: Coordinated response Standard 115.66: Preservation of ability to protect inmates from contact with abusers Standard 115.68: Post-allegation protective custody Standard 115.71: Criminal and administrative agency investigations Standard 115.72: Evidentiary standard for administrative investigations Standard 115.73: Reporting to inmates Standard 115.76: Disciplinary sanctions for staff Standard 115.77: Corrective action for contractors and volunteers Standard 115.78: Disciplinary sanctions for inmates Standard 115.81: Medical and mental health screenings; history of sexual abuse Standard 115.82: Access to emergency medical and mental health services Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers Standard 115.86: Sexual abuse incident reviews Standard 115.87: Data collection Standard 115.88: Data review for corrective action Standard 115.89: Data storage, publication, and destruction Standard 115.403: Audit contents and findings

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

None.

PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

115.11 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. (See D1-8.13 Offender Sexual Abuse and Harassment, Section III (A)(2), page 6: "The department has zero tolerance for all forms of offender sexual abuse, harassment, and retaliation." In this same policy the agency outlines how they will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. This same policy also includes specific definitions of offender-on-offender sexual abuse as well as offender-on-offender sexual harassment. Definitions in this policy also define staff-on-offender sexual abuse and staff-on-offender sexual harassment.

Standard 115.12: Contracting with other entities for the confinement of inmates

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) ☒ Yes ☐ No ☐ NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates OR the response to 115.12(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Missouri Department of Corrections (MDOC) does contract with private agencies and other entities for the placement of offenders. The requirement of the parent agency to require any new contract or contract renewals with private agencies or other entities the obligation of that party to adopt and comply with the PREA Standards.

This language can be found in MDOC's policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (9), page 7, states, "All residential contractors shall adopt and comply with PREA standards as outlined in their contract with the department..." The policy also states that Chief Administrative Officer or designee shall regularly audit residential contractors to ensure compliance with the PREA standards and the department may enter into contracts with an entity that fails to comply with PREA standards only in emergency circumstances.

WERDCC provided an example of what MDOC sends out in their request for proposals (RFP) for residential placement. On page 11 of the RFP, "The state agency has a zero tolerance for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any contractor or contractor's employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Chief Operating Office of the residential facility. A contractor or contractor's employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds for canceling the contract and may subject the contractor or contractor's employee or agent to criminal prosecution. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution."

Standard 115.13: Supervision and monitoring

115.13 (a)

- Does the agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No ☐ NA
- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.13 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.13 (c)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

115.13 (d)

- Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? ☒ Yes ☐ No
- Is this policy and practice implemented for night shifts as well as day shifts? ☒ Yes ☐ No
- Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (10) (11), page 7 states, "The department shall maintain staffing plans for each facility that provides adequate levels of staffing to protect offenders against sexual abuse. The staffing plan shall consider the facility's physical plant to include but not limited to blind spots or areas where staff members or offenders may be isolated, the composition of the offender populations, and the prevalence of substantiated and unsubstantiated offender sexual allegations. Each facility shall comply with the staffing plan on a regular basis, deviations from the staffing plan shall be documented and justification for deviations noted."

Policy D4-4.8, Security Camera Operations, page 5, states, "To assist in the prevention, detection and prosecution of offender sexual abuse and overall security of the facility, the CAO or designee will monitor the feasibility of placement and the need for new or additional requirements equipment. The CAO or designee will maintain a current document reflecting existing video equipment, requests for new purchases, and identified areas needing video surveillance. When debriefing critical incidents consideration shall be given as to whether security camera equipment or monitoring should be augmented to supplement supervision by staff in accordance with department procedures regarding serious incident reporting and debriefing."

Auditor reviewed WERDCC's "Security Camera PREA Report." WERDCC currently has 673 cameras throughout the institution. In summary, WERDCC has overlapping supervision and monitoring coverage with cameras, and multiple staff being posted in the same area, WERDCC exceeds this standard.

Standard 115.14: Youthful inmates

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA
- Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates [inmates <18 years old].) ☒ Yes ☐ No ☐ NA

- Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates [inmates <18 years old].)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

During the audit site visit, two youthful offenders were housed at WERDCC. WERDCC has policies in place that prohibit placing youthful offenders in a housing unit in which they will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common, space, shower area, or sleeping quarters.

WERDCC policy IS & SOP 5-1.1 Diagnostic Center Reception and Orientation, Section III (7), page 6 outlines the steps that must be taken when a records officer determines an offender is a youthful offender. The policy also states, "youthful female offenders will remain at the Women's Eastern Reception, Diagnostic and Correctional Center separated from offenders who are 18 years of age or older. Youthful female offenders will only be transported with other youthful female offenders. If housing is necessary the youthful female offender will only be celled with another youthful female offender or alone."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III, (C)(4), page 11 states, "A youthful offender shall not be placed in a housing unit which he shall have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters..." This is also required by Missouri law: Chapter 217, Department of Corrections, Section 217.345, dated August 28, 2013.

Standard 115.15: Limits to cross-gender viewing and searches

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☐ Yes ☒ No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A here for facilities with less than 50 inmates before August 20, 2017.) ☒ Yes ☐ No ☐ NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female inmates? ☒ Yes ☐ No ☐ NA

115.15 (d)

- Does the facility implement a policy and practice that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? ☒ Yes ☐ No

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? ☒ Yes ☐ No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.15 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC is a female only facility and does not conduct cross-gender strip or cross-gender visual body cavity searches of offenders. In the past twelve months there has been no cross-gender strip or cross-gender visual body cavity searches of offenders.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) (7), page 12 – 13 states, “Cross-gender strip searches are not allowed except in exigent circumstances.

Policy IS20-1.3, “Searches”, page 8, states, “To the extent possible, strip searches will be conducted in an area to allow privacy to the offender. Strip searches will be conducted by staff members of the same gender, except in exigent circumstances. Exigent circumstances include: time delaying a search could allow for the destruction of evidence, escape of an offender, endangerment of life, health or property of staff members, offenders, or the public, emergency movement situations (i.e., crime scene where evacuation of offenders needs to occur immediately and/or a check for weapons.”

In the past 12 months there have been no cross-gender strip searches or cross-gender visual body cavity search. The facility did provide an example of the log that would be used if this would occur.

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

115.16 (a)

- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: inmates who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that inmates with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain

in overall determination notes)? ☒ Yes ☐ No

- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Are blind or have low vision? ☒ Yes ☐ No

115.16 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.16 (c)

- Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has established procedures to provide disabled offenders and offenders with limited English proficiency equal opportunities to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C) 6, pages 10 - 11 state " The department shall provide PREA related education in formats accessible to all offenders including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills in accordance with the department's procedures regarding deaf and hard of hearing offenders, disabled offenders, and blind and visually impaired offenders. Offenders who have limited English proficiency shall be provided a copy of the video transcript and the PREA offender brochure in their native language. If these documents are not already translated as a recognized language by the department, the department shall make reasonable accommodations to provide these documents in the offender's native language. If the documents are unable to be translated as a recognized language the departments PREA site coordinator or designee shall utilize an interpreter to assist the offender in understanding the information provided. The PREA site coordinator shall make key information readily available or visible to all offenders through the PREA posters, the offender rulebook, and the offender brochure on sexual abuse and harassment. "

WERDCC provided examples of PREA Brochures and Acknowledgement Forms in the following languages: English, Japanese, Servo Croatian, Spanish, Vietnamese, Russian, Simplified Chinese, Traditional Chinese, Large Print and Braille. PREA posters were in English and Spanish. Transcripts of the video, "Speaking Up," from the National Institute of Corrections are available for the hearing impaired. They are available in English and Spanish.

Policy D5-5.1, "Offenders who are deaf or hard of hearing shall have access to teletypewriters and/or free access to roll free numbers for telephone relay systems." WERDCC has one telecommunications device which the functional unit manager/caseworker is directed by policy to take appropriate steps to ensure that all employees having contact with an offender who deaf and hard of hearing are made aware of the person's need for effective communication and how to achieve it.

WERDCC currently has five staff members that can interpret Spanish, Tagalog, Thai and Sign Language. These staff members have agreed to act as interpreters if needed by the facility.

Auditor reviewed the following contracts: Sign Language Interpretive Services (3/31/2015), Language Interpreter – Verbal (6/30/2015), Written Language Translation Services (4/30/2017), and Telephone Based Interpretive Services (6/30/2015). During the onsite portion of the audit there were no offenders with limited English proficiency or were hearing or visually impaired housed at WERDCC.

Standard 115.17: Hiring and promotion decisions

115.17 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No

- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates? ☒ Yes ☐ No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with inmates, does the agency: consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? ☒ Yes ☐ No

115.17 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.17 (f)

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No

- Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.17 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has several policies in place that prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor, volunteer, or intern who has engaged in sexual abuse of an inmate.

115.17(a) Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B), pages 7 – 8 states, “Department staff members shall not hire or promote any person, employee, or enlist the services of any contractor that may have contact with an offender when it is known that he has engaged in sexual abuse with an offender...”

The following hiring policies also have a PREA component: D2-2.1, Selection Procedure – Merit Appointments, page 8; D2-2.2 Background Investigations, pages 2, 4, 5; D2-2.8 Promotional Appointment, page 3; D2-2.10 Re-Employment Appointment, page 3; D2-13.1 Volunteers, page 6; D2-13.2 Student Interns, page 4. Each of these policies has the following statement, “A background investigation shall be conducted in accordance with the department procedure regarding background investigations.”

The human resource director states that criminal background checks are done for all newly hired and returning employees.

Standard 115.18: Upgrades to facilities and technologies

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☒ No ☐ NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has not acquired a new facility or made a substantial expansion to the existing facility since August 20, 2012. WERDCC has installed and updated their video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012.

Auditor reviewed the Security Camera PREA Report, it states: 16 cameras per ameba DVR system, installed pelco dx 8100 DVR systems and 16 more cameras per dx8100 throughout the institution. Since August 20, 2012.

Policy SOPD4-4.8 "Security Camera Operations," page 6, states, "Custody posts designated for the specific purpose of viewing offender confinement within living environments where use of restroom, showers, strip cell, et., occur shall be designated as same gender posts with approval from the appropriate deputy division director.

While touring the WERDCC it was noted that the facility had excellent camera coverage. Camera placement along with direct supervision of the staff reduced blind spots and enhanced the safety of the offenders housed at this facility.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.21 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? [N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC is responsible for conducting administrative and criminal sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). Investigations conducted at WERDCC follow a uniform evidence protocol. This protocol is also developmentally appropriate for youth.

Forensic medical exams are offered without financial cost to victims. All exams, where possible, are conducted by Sexual Assault Forensic Examiners or Sexual Assault Nurse Examiners. If they are not available qualified medical professionals conduct the exams.

Victim advocates are made available to all victims.

Corizon Health is responsible for providing all medical and mental health services to offenders placed in the custody of MDOC. They are responsible for conducting initial medical exams on all sexual abuse cases. Auditor reviewed the contractual requirements MDOC has with Corizon.

Corizon's medical and behavioral health care staff will contribute to a coordinated response to all allegations of sexual abuse by relaying, to the designated MDOC administrative staff, information pertinent to the well-being of the offender(s) of for investigative purposes. Offenders who report sexual assault will be treated for immediate stabilizing healthcare needs onsite and then transferred to an offsite hospital emergency room/SANE/SAFE provider for forensic evaluation and treatment. Corizon has contracts and access through HealthLink for accessing SANE/SAFE providers. Appropriate follow-up for prophylactic treatment and referral to mental health staff will be completed upon return from the crises center." If an advocate is not available, Chaplains at the facility have been trained by the Missouri Coalition against Domestic and Sexual Violence to be qualified staff advocates. Facility also has established a PREA Advocate Availability Rotation Schedule.

The auditor did review three Corizon files that included Sexual Allegation Notification Form. This is the form Corizon staff completes upon such notification. It includes a brief incident of the event and notifications Corizon staff has made. Corizon also uses a form that documents whether an advocate was requested. The offender must sign the form indicating whether they are requesting an advocate or refusing advocated services. All three files viewed contained both forms and signed refusals advocate services.

The Inspector General's Office conducts all criminal investigations for the MDOC. Each facility has investigators assigned to their region. WERDCC currently has one on site investigator. WERDCC is responsible for administrative investigations.

Standard 115.22: Policies to ensure referrals of allegations for investigations

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.22 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] ☐ Yes ☐ No ☒ NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The agency ensures that administrative or criminal investigations are completed on all allegations of sexual abuse and sexual harassment. All allegations of sexual abuse or sexual harassment are referred to the Inspector General for review. They determine if a criminal investigation is to be opened. If they do not open a criminal investigation, the warden then refers the case for administrative investigation.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (H) Investigations, page 20-21, states, "The department shall ensure that an administrative and/or criminal investigation is completed for all allegations of sexual abuse and sexual harassment and all referrals for such allegations shall be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website..."

Policy D1-8.4 Administrative Inquiries, page 6, reads "The offender sexual abuse coordinated response will be initiated on all allegations of offender sexual abuse or harassment, including anonymous and third-party allegations, in accordance with the department's procedure regarding offender sexual abuse and harassment...Allegations of category II or III behaviors will be processed in accordance with the department procedure regarding the investigation unit responsibilities and actions. Allegations of offender abuse related to pat searches will be handled in accordance with the PREA coordinated response protocol. The office of inspector general may conduct investigations associated with pat searches depending on the nature of the allegation."

WERDCC provided examples of their coordinated response as well as several investigations, one of which was referred for prosecution. An example of the tracking form used by the facility was also provided. Policy D1-8.13 Offender Sexual Abuse and Harassment can be found on MDOC website at <https://doc.mo.gov/programs/PREA>

TRAINING AND EDUCATION

Standard 115.31: Employee training

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa? ☒ Yes ☐ No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No

- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (4), page 8, covers training requirements for new staff, current staff, part-time employees, volunteers, contract staff members and vendors. "All staff members shall receive initial PREA training during the department's basic training. All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies. Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

Auditor reviewed the following curriculum: Basic Training and PREA Refresher Training. Both the Basic Training and the Refresher Training curriculum contained the 10 elements required in this standard.

Training logs were reviewed, and all staff interviewed during this audit was able to describe all portions of the training they received on PREA.

Policy D2-2.13 Transfer of Employees (E), page 6, covers training requirements for staff that transfer between facilities. WERDCC provided records of employees that transferred to this facility and received "Working with the Female Offender" training.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Section III (B) (4) reads, "All staff members shall complete refresher training every two years to ensure knowledge of the agency's current sexual abuse and sexual harassment procedures. Years, in which an employee does not receive training, the department's PREA coordinator shall provide current information on sexual abuse and sexual harassment policies." WERDCC employees have received the PREA Refresher Training.

Auditor reviewed training records of random staff found signed acknowledgments in each file.

Standard 115.32: Volunteer and contractor training

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? ☒ Yes ☐ No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

All volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Policy D1-8.13, Offender Sexual Abuse and Harassment, reads, "Part-time employees, volunteers and contract staff members shall receive PREA specific training to their classification as determined by the appropriate division director and chief of staff training. Vendor contractors shall be escorted by a staff member at all times or shall receive PRA training prior to entering the facility. Contracted residential facilities shall ensure all staff are trained on PREA as outlined in the residential contract. Work release supervisors shall receive specific PREA training during their offender work release procedure training."

While interviewing contract staff, they reported they not only received PREA training from the facility, they also received PREA training from Corizon and Gateway. Auditor reviewed random training records of volunteers and contractors. Volunteer files were reviewed, and all had signed acknowledgments. Contract staff records were reviewed. All had signed acknowledgements.

Standard 115.33: Inmate education

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No

- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No

115.33 (b)

- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.33 (c)

- Have all inmates received such education? ☒ Yes ☐ No
- Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?
☒ Yes ☐ No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? ☒ Yes ☐ No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions?
☒ Yes ☐ No

115.33 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC provides information to offenders at the time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse and harassment.

Intake staff stated that PREA information is provided to all offenders on the day they arrive at WERDCC. They do not leave intake without watching the PREA video. They are also given a brochure at this time.

When talking with offenders at WERDCC, all stated they watched the PREA video and received PREA information upon arrival. The auditor was told the video is played on a continuous loop in the waiting area for all offenders to watch. Auditor also viewed four examples of the offender acknowledgment forms stating they received and understood the PREA education. PREA education is broadcasted on the institutional television channel. Informational PREA posters are also posted throughout the institution in all areas offenders are allowed.”

WERDCC provided examples of PREA brochures and posters in the following languages: English, Japanese, Serb Croatian, Spanish, Vietnamese, Russian, Simplified Chinese and Traditional Chinese. Brochures are also available in large print and braille. There are also written transcripts of the video “Speaking Up for Female Offenders” in English and in Spanish.

Throughout the tour the auditor viewed PREA informational posters in all living units and other areas offenders gathered. These posters were in English and Spanish.

Standard 115.34: Specialized training: Investigations

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

115.34 (b)

- Does this specialized training include techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Agency maintains documentation of such training.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) (5), page 8, states, "All new investigators and administrative inquiry officers (AIOs) or designee assigned to investigate sexual abuse allegations shall receive specialized PREA Training by the designated inspector general's office staff members." Investigator was able to articulate what they received in this training and the basic PREA training that all staff received. The investigator also reported she received training in PREA Crime Scenes and Evidence Collection. The auditor reviewed training logs and found that all 41 investigators have been trained statewide. The Investigators also signed acknowledgments stating they received and understood this training.

Standard 115.35: Specialized training: Medical and mental health care

115.35 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (B) page 9, states, “Medical and mental health staff members shall receive annual specialized PREA training.” Auditor reviewed training rosters indicating that medical employees received a PREA refresher. The auditor viewed a random sample of three participants and found the certificates. Medical/Mental Health Staff states their staff is required to attend that CORE training provided by the facility. Staff interviewed articulated what was provided in training and were able to discuss their responsibility as mandated reporters. Each staff member interviewed was able to explain WERDCC’s coordinated response.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No
- Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? ☒ Yes ☐ No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.41 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate’s criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? ☒ Yes ☐ No

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.41 (f)

- Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess an inmate's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess an inmate's risk level when warranted due to a: Receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.41 (h)

- Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has policy that addresses risk assessment screening upon admission to their facility as well as addresses reassessment requirements. Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (C), pages 10 -11, states "Facilities shall assess offenders for the risk of being sexually abused and the risk of being sexually abusive utilizing their divisional adult internal risk assessment in accordance with the institutional services procedure...Offenders shall be assessed within 72 hours of arrival. Offenders shall be reassessed within 30 days of arrival."

The time frame for administering the Internal Risk Assessment is also found in IS & SOP version of 5-2.3, Offender Internal Classification. On page 3, Section C (1), states, "Once an offender is received at the reception and diagnostic center, staff members will have seventy-two hours to complete an internal classification. In this same policy on page 4 in Section D (2) states, "CCM's will conduct a new internal classification within 72 hours at that facility and the offender will be housed in accordance with their new internal classification score." Intake staff advised that the risk assessment tool is given to all arrivals within 72 hours, unless they sign the refuse to participate form. Intake staff also report that these offenders are also reassessed at the 30-day mark to see if any changes have occurred. Auditor did a review an example of "Refusal to Participate" form that offenders can sign if the refuse to participate in the risk assessment. Offenders are also told that no sanctions will be given for refusal to participate.

Offenders that were interviewed reported they were asked about prior sexual abuse. Auditor reviewed WERDCC's risk screening tool and found all 10 elements in this standard were covered. The Deputy Warden reported only case managers have access to the information found on the risk assessment. He reported that line staff do not have access to this information. Intake staff also reported that there is limited access to the information obtained. This is also stated that this is in policy.

Standard 115.42: Use of screening information

115.42 (a)

- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? ☒ Yes ☐ No

115.42 (c)

- When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.42 (d)

- Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?
☒ Yes ☐ No

115.42 (e)

- Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? ☒ Yes ☐ No

115.42 (g)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC uses the information from the risk screening required by standard 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive. Each determination is based on the individual. WERDCC has three classifications: Sigma (high risk for sexual victimization), Alpha (high potential for sexual perpetration) and Kappa (not a high risk for either sexual victimization or perpetration).

Policy IS5-2.3 Offender Internal Classification, Section III (C) Diagnostic Centers, page 1, states “The department utilizes an internal classification system to assist department staff members in determining appropriate housing, programs, and work assignments of offenders to ensure offender safety, institutional security, and compliance with the Prison Rape Elimination Act (PREA) guidelines.” On page 2 of this same policy reads, “Staff members who supervise offenders in required activity assignments will utilize the internal classification score to monitor offenders in accordance with institutional services procedures regarding required activities.

IS & SOP 18-1.1, Required Activities, page 5, Section III (B) (4), states, “Housing unit staff members will utilize the internal classification information to designate required activities assignments for the purpose of keeping separate and/or ensuring the appropriate monitoring of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive when working or attending programming together in accordance with institutional services procedures regarding offender internal classification. Housing unit staff members will review internal classification information and forward it to the required activities’ supervisor prior to the offender’s start date at the required activity.”

SOP D1-8.13 Offender Sexual Abuse and Harassment, page 12, “All housing, cell, bed, education, and programming assignments for transgender or intersex offenders shall be made in accordance with the institutional services procedures regarding offender housing assignments and programming assignments.”

Deputy Warden stated that information from the assessment tool is used to determine housing, education and programs. He stated it is the policy and practice of WERDCC not to house potential victims with potential aggressors. An interview was conducted of a staff person who performs screening for risk of victimization and abusiveness. This staff person stated that it is the policy of WERDCC not to house Alphas and Sigmas together.

Standard 115.43: Protective Custody

115.43 (a)

- Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers? ☒ Yes ☐ No
- If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment? ☒ Yes ☐ No

115.43 (b)

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible? ☒ Yes ☐ No
- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible? ☒ Yes ☐ No

- Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? ☒ Yes ☐ No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? ☒ Yes ☐ No

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? ☒ Yes ☐ No
- Does such an assignment not ordinarily exceed a period of 30 days? ☒ Yes ☐ No

115.43 (d)

- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety? ☒ Yes ☐ No
- If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? ☒ Yes ☐ No

115.43 (e)

- In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has policy that prohibits the placement of offenders at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. Policy D1-8.13 Offender Sexual Abuse and Harassment, (F) Segregated Housing in Institutional Setting, pages 17 -18 states "Following an allegation of offender sexual abuse or if an offender is assessed at being high risk of victimization, the shift commander shall ensure the offender is housed in

the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- (1) Return to assigned housing.
- (2) Temporary reassignment of staff members.
- (3) Assignment to another housing unit.
- (4) Temporary segregated housing for protective custody needs.

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

Policy IS21-1.1 "Temporary Administrative Segregation Confinement" states, "Offenders may be placed in temporary administrative segregation confinement upon recommendation by any staff member and approved by the shift commander when an offender is an immediate security risk....there is an urgent need to separate the offender from others for his/her safety or that of others..."

Auditor reviewed three PREA notifications for housing placements after reporting an allegation. In the three reviewed, the victim was immediately returned to their original housing units once they signed a PC waiver. On the day of the audit there was no offenders being held in segregation based on high risk for victimization. The auditor did review three PREA allegation notifications that have been completed in the past 12 months. In looking at the housing placement recommendations, all indicated that alleged victim would remain in the original housing units. Only alleged perpetrators were removed.

Staff reported that the typical response is not to segregate the victim. They stated if involuntary segregation would be used to protect a victim, they would follow agency policy. They reported it is not to be longer than 48 hours and they do their best to make sure programming would continue. Staff reported that everything is documented and becomes a part of the classification hearing that is held.

Staff that works in the segregation unit stated they could not remember the last time an inmate was housed in protective custody due to a PREA incident.

REPORTING

Standard 115.51: Inmate reporting

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.51 (b)

- Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the inmate to remain anonymous upon request? ☒ Yes ☐ No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? ☐ Yes ☐ No ☒ NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has established multiple procedures for allowing offenders internal ways to report sexual abuse or sexual harassment privately to the facility or to an outside entity. Offenders may report via an informal resolution request, to a staff member, PREA hotline, advocacy agency, or to the Department of Public Safety, Crimes Victims Services Unit. Third party reports are also accepted by WERDCC. As of the date of this audit, WERDCC does not have any offenders who are detained solely for civil immigration purposes.

Policy D1-8.13 Offender Sexual Abuse and Harassment, "Reporting Sexual Abuse or Harassment," pages 14 states, "Each facility CAO's or designee shall provide multiple ways for offenders to make anonymous reports of allegations of offender sexual abuse and harassment, retaliation, staff neglect, and violation or responsibilities that may contributed to an incident of offender sexual abuse , to include but not be limited to: informal resolution request (IRR), grievance process, or offender complaint, to a staff member, PREA hotline, advocacy agency, and Department of Public Safety, Crimes Victims Services Unit. All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure."

Auditor reviewed the offender brochure on "Offender Sexual Abuse and Harassment" which is given out at intake. This brochure outlines the ways offenders can make reports of sexual abuse and sexual harassment. It reads, "Report the abuse to any staff member either verbally or in writing as soon as possible, whether the alleged incidence involved you or not. Call the department's confidential PREA hotline. You can do so at any offender phone by listening to the prompts and pressing "8" or dialing (573) 526-PREA (7732). Write to the Missouri Department of Public Safety, Crime Victims Services Unit, P.O. Box 749, Jefferson City, MO 65102. If you are assigned to a community release center or community supervision center, you may report sexual abuse using the above guidelines or call the PREA hotlines at (855) 773-6391.

Staff was able to articulate the various ways offenders can report sexual abuse and sexual harassment. They stated that all reports are taken seriously. They also advised that they could also call the PREA hotline and make a report.

Offenders interviewed were also able to articulate the various ways they could make a report including calling the hotline, telling staff and/or family members. They also reported they felt most staff took reports seriously and they felt safe at WERDCC. Information was posted on bulletin boards throughout the facility and housing units advising inmates on how to make reports of sexual abuse. The PREA hotline number was clearly posted above all phones.

SOPD1-8.13, Offender Sexual Abuse and Harassment, page 14, states, "All allegations including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlined in this procedure." Auditor reviewed two PREA Notifications made by anonymous reporters. WERDCC initiated their coordinate response according to their policy and PREA national standards.

Policy D1-8.9 Crime Tips and PREA Hotlines, page 5, Section III (C) states, "For staff, the department has established a separate crime tips hotline to anonymously report criminal activity, offender sexual abuse, or offender sexual harassment and is received in the office of inspector general. These calls may be answered by a staff member in the office of inspector general or in cases of afterhours calls, the caller may leave a message and a return phone number should they wish to be contacted. Information regarding hotline use for staff will be posted conspicuously in areas routinely accessible to all staff members."

Staff Tips Hotline posters are throughout the facility and are in staff break rooms and on the MDOC intranet home.

Standard 115.52: Exhaustion of administrative remedies

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☐ Yes ☒ No ☐ NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (e)

- Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of inmates? (If a third-party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.52 (g)

- If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has an administrative procedure for dealing with offender grievances regarding sexual abuse. This procedure also allows them to submit a grievance at any time regardless when the incident occurred. If their grievance is against a staff member they are not required to submit their grievance through that staff member. WERDCC also outlines, through policy, where grievance cannot be filed.

WERDCC also requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 70 days of the filing of the grievance. According the pre-audit questionnaire, the agency reported that in the past twelve months, no grievances have been filed.

Policy D5-3.2 Offender Grievance, pages 17-19 addresses PREA Informal Resolution Request, Grievance and Appeal, this policy supports this standard.

Policy D1-8.13 Offender Sexual Abuse and Harassment, Page 13 - 14, states "The department shall not require an offender to use any informal grievance or complaint process, or to otherwise attempt to resolve with staff members, an alleged incident of sexual abuse...nor impose a time limit"

Policy D1-8.9 Crime Tips and PREA Hotlines, page 4, Section III (A)(1a) states "The hotlines will not be utilized for complaints, grievances or other unrelated purposes."

Policy D5-3.2 Offender Grievance, page 6, Section III, (E)(2b) (1) states, "Upon approval of the division director or designee, a conduct violation may be issued for threats. This conduct violation will not be viewed as retaliation reprisal." Also on page 6, Section III (E)(4a)(1) it states, "When there is evidence to support an unfounded allegation, the CAO or designee will issue a conduct violation and the CAO or designee will issue a letter of limited filing status."

WERDCC provided a Grievance Tracking Log which tracks the month the grievance was filed, the type of grievance, the name of the offender, date received, 70-day extension, date completed, calendar days, declined 3rd party assistance, alleged substantial risk of imminent sexual abuse, move forward with PREA Emergency IRR, Emergency Initial Response within 48 hours, Emergency Final Response within 5 days, and disciplinary action taken against offender for filing grievance in bad faith.

Standard 115.53: Inmate access to outside confidential support services

115.53 (a)

- Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? ☐ Yes ☒ No
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC provides offenders with outside access to victim advocates for emotional support services related to sexual abuse. They also inform offenders prior to given them access to outside supports, the extent to which such communications will be monitored. WERDCC maintains a MOU with Audrain County Crises Interventions Services (ACCIS) to provide advocates.

SOP version D1-8.13 Offender Sexual Abuse and Harassment, pages 20 -21 covers the procedure during the initial assessment with mental health when there is an allegation of sexual abuse and harassment.

Standard 115.54: Third-party reporting

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC provides a method to receive third party reports of inmate sexual abuse or sexual harassment. Family members can make report via information found on MDOC website. They can either email or make a phone call.

Policy SOPD1-8.13 Offender Sexual Abuse and Harassment, Section III (D)(2), page 14 states, "All allegation including anonymous, third party, verbal, or allegations made in writing shall be accepted and moved forward in accordance with the offender sexual abuse coordinated response outlines in this procedure."

Auditor verified that reporting information is on the MDOC website. The URL is <http://doc.mo.doc/OD/PREA.php>. This site has an email address and a phone number available to the public.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

115.61 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.61 (b)

- Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.61 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.61 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. Policy D1-8.13 Offender Sexual Abuse and Harassment, page 7, "The CAO or designee shall control the dissemination of sensitive information related to offender sexual abuse to ensure the offender is not exploited by staff members or other offenders. Failure to report offender sexual abuse is a class A misdemeanor. All staff members, volunteers, and contractors shall immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility and any knowledge of retaliation against offenders or staff members who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with this procedure. Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services. Staff members are prohibited from revealing any information related to an allegation of offender sexual abuse or harassment other than to the extent necessary to make treatment, investigation, and other security and management decisions."

Policy D2-11.10, Staff Member Conduct, not only states that staff members must obey all laws but on page 7, Section III, (D1&2) states, "Staff members having knowledge of any instances of offender or resident abuse or sexual contact with an offender or resident shall immediately report such to the inspector general in accordance with the department procedures regarding offender physical abuse and offender sexual abuse and harassment. Staff members must immediately report any misconduct through the appropriate chain of command. If there is reason to believe that any staff member in the chain of command may be involved in the alleged misconduct, the staff member should report the matter to the next higher level of management in the department. WRDCC requires all staff to report immediately any knowledge or suspicion of any incident of sexual abuse or sexual harassment. This is also in their policy.

Staff members interviewed reported they have a duty to report. They also reported they could be fired and charged with a crime if they do not report knowledge of sexual abuse and sexual harassment.

Policy D1-8.13 Offender Sexual Abuse and Harassment reads, "Medical and mental health staff members shall inform offenders of the practitioner's duty to report at the initiation of services."

Policy IS11-32 Receiving Screening Intake Unit, page 5 addresses procedure if the alleged victim is under the age 18 or considered to be a vulnerable adult. The policy states, "Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. If the offender is under the age of 18, a health service staff member shall report the allegation to the designated local Children's Division, Department of Social Services under applicable mandatory reporting laws."

Auditor also reviewed Missouri Revised Statutes, Chapter 217, Department of Corrections, Section 217.410. 1 which states, "When any employee of the department has reasonable cause to believe that an offender in a correctional center operated or funded by the department has been abused, he shall immediately report it in writing to the director."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.005.1, defines a vulnerable person as "any person in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program."

Missouri Revised Statutes, Chapter 630, Department of Mental Health, Section 630.163.1, defines mandatory reporting requirements as "Any person having reasonable cause to suspect that a vulnerable person presents a likelihood of suffering serious physical harm or is the victim of abuse or neglect shall report such information to the department. Reports of vulnerable person abuse received by the departments of health and senior services and social services shall be forwarded to the department."

SOPD1-8.13, Offender Sexual Abuse and Harassment," pages 16 and 17 states, "All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, shall immediately be forwarded to the shift supervisor to initiate the coordinated response utilizing the applicable PREA allegation notification penetration/non-penetration event checklist. The coordinated response will be completed and distributed as outlined in the Coordinated Response Completion Guide (SOP Reference E) as well as the Coordinated Response to Offender Sexual Abuse (Institutions) protocol (SOP Reference F). Offender/staff interpreters for non-English speaking victims/perpetrators can only be utilized in an exigent circumstance when the event is first reported until and outside interpreter can be arranged." WERDCC also provided a copy of their PREA Coordinated Response to Offender Sexual Abuse.

Standard 115.62: Agency protection duties

115.62 (a)

- When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC acts immediately if they learn that an inmate is subject to a substantial risk of imminent sexual abuse. SOPD1-8.13, Offender Sexual Abuse and Harassment, page 18, under Segregated Housing in Institutional Setting states, "If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units."

Administrative staff stated that the expectation for all staff is to act immediately if they become aware of an offender being in imminent danger of sexual abuse. This involves beginning the facility's coordinate response and separate the victim from the alleged perpetrator. The warden also stressed staff are use the least restrictive housing available to secure the victim. The facility's goal is to keep the victim separate from their reported abuser.

Random staff reported that if such an incident would occur they would immediately secure the alleged victim for safety purposes and contact their supervisor.

Standard 115.63: Reporting to other confinement facilities

115.63 (a)

- Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.63 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has a policy requiring that, upon receiving an allegation that an inmate was sexually abused while confined at another facility that the Warden must notify the head of the facility where the sexual abuse is alleged to have occurred. Notification is to be made as soon as possible but no later than 72 hours after receiving the allegation. In addition, WERDCC policy states that allegations received from other facilities are investigated in accordance with PREA standards.

SOPD1-8.13 Offender Sexual Abuse and Harassment, page 17 states, "Upon receiving information that an offender has been sexually abused while assigned at another facility the coordinated response for offender sexual abuse will be immediately initiated as outlined in this procedure. If the alleged abuse occurred at a facility outside the Missouri Department of Corrections, the notification checklist will be forwarded to the department's PREA coordinator. The PREA coordinator will ensure notification to the facility is made with 72 hours. A coordinated response will be initiated as outlined in this procedure for all allegations of offender sexual abuse that are received from facilities outside the Missouri Department of Corrections."

Interview with facility administration revealed that any notification WERDCC receives is sent to the site coordinator when then sends information to the Inspector General. Administration advises that the Inspector General will make the determination if an investigation will be opened.

Standard 115.64: Staff first responder duties

115.64 (a)

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

- Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.64 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has a Coordinator Response in policy that outlines the duties of a first responder. This coordinated response has all four components listed in this standard. Policy D1-8.13 Offender Sexual Abuse and Harassment located on page 17. This part of the policy states, "Staff member first responder shall:

- Ensure the safety of the victim.
- Request the victim not to take any actions that may destroy physical evidence including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, when applicable.
- Make immediate notification to the shift commander or shift supervisor.
- In the event of an allegation of a penetration act, the shift commander or shift supervisor shall make telephone notifications and respond as outlined in the divisions' coordinated response to offender sexual abuse protocol.
- In the event of a non-penetration or harassment event the shift commander or shift supervisor shall make email notifications as outlined in the applicable PREA notification checklist protocol.
- Shift supervisors will copy the email notification with the PREA checklist attachment to necessary WRDCC mental health staff. Shift supervisors will complete and forward (via email and hard copy) the Referral and Screening Note-Health Services form to the mental health staff."

Auditor reviewed the lesson plan for PREA Basic Training, pages 21 –23 covers first responder responsibilities. It breaks down the First Responder responsibilities by type of event. The three events covered include: allegation of penetration that has happened within 72 hours, all other penetrations and allegations of non-penetration events.

Auditor reviewed three documented examples of a coordinated response. This included reviewing notifications made by security staff. Each notification included date and time of incident, location of incident, name and custody information of victim as well as the alleged perpetrator. Notifications also included a description of the event, date and time of persons to be notified and recommendation for housing placement. If a forensic exam was required, location of the examination as well as date and time victim was sent out and then returned to the facility.

All staff interviewed stated their responsibility is to separate the victim from the abuser, allow neither one of them to shower, get a drink or change clothes. They stated they would then call their supervisor who, in turn, contacts the investigators. Staff would also secure the scene and would not allow anyone to enter until the investigators arrived and took control. All staff are first responders and are to follow the coordinated response found in D1-8.13 Offender Sexual Abuse and Harassment. When talking with volunteers and contractors, they stated if they were the first to respond to a sexual abuse allegation they would keep the victim safe and notify staff immediately.

Standard 115.65: Coordinated response

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has developed a coordinated response to all sexual abuse incidents. SOPD1-8.13 Offender Sexual Abuse and Harassment includes a section on coordinated response on pages 16 and 17.

Administrative staff articulated all the components of the facility's coordinated response to sexual abuse and harassment. The expectation outlined by the administration is that every employee should be knowledgeable of the coordinated response and execute the response when needed.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☐ Yes ☒ No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

MDOC has an agreement with Missouri Corrections Officers Association that ends 9/30/2018. Policy D2-11.6, Labor Organization, page 4 states, "Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted."

On page 2, Article 2, Management Rights of Labor Agreement between the State of Missouri Office Administration, The Department of Corrections Division of Adult Institutions and Missouri Corrections Officers Association (MOCOA) states, "The right to hire, assign, reassign, transfer, promote and to determine hours of work and shifts and assign overtime."

Standard 115.67: Agency protection against retaliation

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.67 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?
☒ Yes ☐ No

115.67 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.67 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has policy in place to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigation from retaliation by other offenders or staff. SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 15 -16 outlines the protection from retaliation for offenders and staff.

Auditor interviewed the grievance officer who is responsible for monitoring retaliation at WERDCC. She advises she asks the offender/victim if there has been in conflict. She also looks for any changes in behavior. She states she does a 30 – 60 – 90 days check in and will continue past that day if necessary.

Administration stated the grievance officer monitors for retaliation and that retaliation is not tolerated. They reported that offenders who report allegations or cooperate with allegations are contacted to see if any types of retaliation from other offenders or staff is occurring. They want to let them know they take allegations seriously. Administration stated that contact should be made every 30 days for at least three months. If needed, monitoring can be extended beyond that time. Administration advised that this type of protection is also given to their employees, contractors and volunteers.

Standard 115.68: Post-allegation protective custody

115.68 (a)

- Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has policy that prohibits the placement of offenders who allege to have suffered sexual abuse in involuntary segregated housing unless an assessment of all available alternatives has been made. In the past twelve months, there have been no offenders placed in involuntary segregated housing.

115.68(a) SOPD1-8.13, Offender Sexual Abuse and Harassment, pages 17 and 18, under Segregated Housing in Institutional Setting states, "Following an allegation of offender sexual abuse or if an offender is assessed as being at high risk of victimization, the shift commander shall ensure the offender is housed in the least restrictive housing available to ensure safety. The assessment for least restrictive housing shall occur within 24 hours of the allegation or the offender being identified as at risk. Least restrictive options to ensure safety of the offender and the security of the institution include:

- Return to assigned housing.
- Temporary reassignment of staff members.
- Assignment to another housing unit.
- Temporary segregated housing for protective custody needs (segregated housing should not be considered as the first option to ensure safety of the victim).

The assessment shall consider the allegation or threat and the safety of the victim and institution. If the assessment is due to an alleged PREA event the shift commander shall note on the PREA allegation

notification penetration/non-penetration event checklist of the recommended housing option. If temporary segregation is recommended, the shift commander shall note on the PREA notification checklist the reason no alternative means of housing separation can be arranged and the offender victim shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The shift commander shall ensure the alleged victims and perpetrators are separated by sight and sound while housed in a segregation unit. Offenders who are victims and/or perpetrators in an alleged PREA event will be kept out of sight and sound from each other and be placed in separate wings. If the assessment is due to an offender being viewed as being in substantial risk of victimization in the absence of an allegation of offender sexual abuse, and temporary administrative segregation confinement (TASC) is recommended to ensure the offender's safety, the shift commander shall note the PREA risk on the TASC order and the offender shall be placed in segregated housing in accordance with institutional services procedures regarding segregation units. The PREA site coordinator shall review all PREA notification checklists the following business day to ensure appropriate housing placement. Assignment to involuntary segregation housing shall not ordinarily exceed a period of 30 days. Every 30 days, the offender shall be afforded a review to determine whether there is a continuing need for separation from the general population in accordance with institutional services procedures regarding segregation units and protective custody."

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] ☒ Yes ☐ No ☐ NA

115.71 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34? ☒ Yes ☐ No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.71 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.71 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.71 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.71 (i)

- Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.71 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Inspector General conducts all criminal case at WERDCC. Administrative agency investigations are also conducted at WERDCC.

Policy D1-8.1 Investigation Unit Responsibilities/Actions, page 5, Section III (A) (2) (3) states, "The department maintains a zero-tolerance policy against offender abuse and offender sexual abuse. The PREA also prohibits sexual misconduct by staff members against an offender and offender against an offender. All such allegations will be thoroughly reviewed for potential investigation. The investigation unit, under the jurisdiction of the inspector general's office, is the investigative unit of the department. This unit conducts investigations in response to reports of violations of Missouri state law and serious violations of department procedure at all facilities throughout the state. The unit works closely with federal, state and local law enforcement agencies and the other divisions within the department to ensure criminal violators are prosecuted. The department may pursue prosecution of any staff member or offender who violates state law."

Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "All investigators shall aid and assist in investigations as directed, and to the limit permitted, by the responsible law enforcement agency and the inspector general or designee. Investigators may be assigned outside their normally assigned region to assist in statewide investigations. Investigators shall conduct investigations into all allegations assigned for investigation promptly, thoroughly, and objectively. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of behavior involving the alleged victim and suspected perpetrator. Medical records or information related to offender sexual assaults and uses of force may be obtained from facility medical practitioners without authorization from central office."

Policy D1-8.1 Investigation Unit Responsibilities/Actions states, "When an investigation reveals probable cause that an offender or staff member has committed, or is suspected of committing, an act in violation of local, state or federal law, the investigator conducting the investigation shall note in the investigative report that the case will be forwarded for prosecution consideration and submit a request for prosecution packet. The prosecution packet will include at a minimum: the investigation report written by the investigator, a probable cause statement completed by the investigator that conducted the investigation, all relevant documentation associated with the investigation, and other information deemed necessary by the prosecuting attorney's office having proper jurisdiction...CAOs shall impose no standard higher than a preponderance of the evidence in determining whether allegations of offender sexual abuse are substantiated."

WERDCC provided two examples of cases referred for prosecution. Administrative staff report all administrative cases are assigned by the Warden. Administration advised that requests for investigations are referred to the inspector general's office and they in turn make the determination if an investigation is going to be opened. Auditor reviewed one administrative investigation: one case of substantiated inmate on inmate sexual harassment. This investigation was concluded within 45 days of the date the report was received.

Standard 115.72: Evidentiary standard for administrative investigations

115.72 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC imposes no higher standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated. Policy D1-8.4 Administrative Inquiries, page 8, Section III (C) (9) states, "No higher standard than a preponderance of evidence in determining whether allegations of sexual abuse are substantiated."

WERDCC also provided examples for this auditor to review. Auditor reviewed two cases of substantiated allegations of inmate on inmate sexual harassment. They included interviews with the victim, alleged perpetrator and witnesses. Investigative staff stated they do not impose a higher standard of a preponderance of the evidence. They reported they take their investigations seriously and that sexual abuse and harassment is not tolerated.

Standard 115.73: Reporting to inmates

115.73 (a)

- Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.73 (b)

- If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.73 (d)

- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has a policy requiring that any inmate who alleges that he suffered sexual abuse is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The Inspector General's office conducts all criminal investigations and WERDCC conducts administrative investigations.

Policy D1-8.13, Offender Sexual Abuse and Harassment, Reporting Outcomes, pages 23 and 24 states, "Upon the completion of a PREA investigation or inquiry regarding offender sexual abuse, the department's PREA coordinator shall make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by offender notification or the alleged sexual abuse by staff notification form. Notification shall not be made to the offender following an investigation or inquiry regarding sexual harassment. The initial notification shall state whether the allegation was substantiated, unsubstantiated, or unfounded.

If the investigation was conducted by an outside agency, the office of the inspector general shall request relevant information from the outside agency to inform the offender of the outcome of the investigation. The departmental PREA coordinator shall forward the written notification to the offender via the PREA site coordinator. The PREA site coordinator shall ensure that the written notification is provided to the offender. If the investigation or inquiry involved offender-on-offender sexual abuse or harassment that was substantiated or unsubstantiated, written notification shall be delivered to the offender victim in a confidential manner. The offender shall be offered the notification letter but shall have the right to decline the letter. The original notification shall be signed by the offender or resident and witnessed by a staff member. The original notification shall be forwarded to the department's PREA coordinator for tracking. A copy of the notification shall be provided to the offender. The date the notification letter is delivered to the offender shall be documented in the chronological section of the offender's classification file. In the event the offender is no longer housed in an institution, community release center, or community supervision center the duty to report ends."

Administrative staff reported that it is in policy that all offender victims are notified of the outcomes of their PREA cases. Investigative staff reported that notifications are made and also reported that this is part of policy.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.76 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.76 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC has procedures in place to discipline staff for violating agency sexual abuse and sexual harassment policies. Policy D2-11.10 Staff Misconduct, page 4, Section III (A) (14) states, "In order to pursue organizational excellence staff members are expected to adhere to the following professional principles and conduct...report inappropriate actions, misconduct, offender or resident abuse, and sexual contact by staff members and offenders or residents to appropriate personnel."

Policy D1-8.13 Offender Sexual Abuse and Harassment, Section III (N), page 27 states, "Staff members shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse and sexual harassment procedures. Termination from the department shall be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All terminations for violations or the resignation of a staff member, who would have been terminated if not for their resignation, shall be reported to relevant licensing or accreditation bodies and law enforcement."

Auditor reviewed a statewide log that shows staff member, contractors and volunteers that have been disciplined for sexual abuse.

Standard 115.77: Corrective action for contractors and volunteers

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, there have been no contractors or volunteers engage in sexual abuse of offenders. Policy D1-8.13 Offender Sexual Abuse and Harassment (Page 27 of SOP version) states, "Corrective action for contractors and volunteers: Contractors or volunteers who engage in sexual abuse shall be prohibited from contact with offenders and shall be reported to relevant licensing bodies and law enforcement. The CAO or designee of the department facility or contracted facility shall take appropriate measures and shall consider whether to prohibit further contact with offenders in the case of any other violations."

Policy D2-13.1 Volunteers, page 11 -13, Section III (G) states, "All volunteers will be familiar with and adhere to the standards for professionalism, conduct, and job performance in accordance with the department policy and procedures regarding employee standards and staff member conduct. All offender sexual abuse and harassment allegations that occur in a department facility involving a volunteer will be referred for investigation. Volunteers may be subject to disciplinary action and/or termination. When disciplinary action is recommended, the volunteer supervisor shall submit documentation to the volunteer site coordinator outlining the reasons for such actions."

Administrative staff stated that all contractors and volunteers are subject to the same policies as regular employees when it comes PREA. Staff stated volunteer and contractors are expected to abide by the zero-tolerance culture of the facility. They reported they would be barred until the investigation is complete. If they it is found to be substantiated, they would be terminated and not allowed back in the facility.

Standard 115.78: Disciplinary sanctions for inmates

115.78 (a)

- Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.78 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories? ☒ Yes ☐ No

115.78 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? ☐ Yes ☒ No

115.78 (e)

- Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.78 (g)

- Does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)
☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

At WERDCC offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse. The facility will offer therapy, counseling or other interventions to interrupt that type of behavior. If an inmate makes a report in good faith, there will no disciplinary action. SOP D1-8.13 Offender Sexual Abuse and Harassment, Section III (M), pages 26 and 27 state, "Offenders shall be subject to disciplinary sanctions or violations pursuant to a formal disciplinary process following an administrative finding or a criminal finding of guilt when the offender engaged in offender on offender sexual abuse in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The disciplinary process shall consider whether an offender's mental disabilities or mental illness contributed to his behavior when determining what type of sanction, if any, shall be imposed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The mental health notification memo (SOP Reference H) will be completed and forwarded to mental health staff for completion prior to concluding the disciplinary hearing. If found guilty of sexual abuse, the offender shall be referred to appropriate treatment (therapy, counseling) by mental health staff member, as available, in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. An offender who has sexual contact with a staff member may only be disciplined if the staff member did not consent to the contact in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions. The department prohibits all sexual activity between offenders. Consensual sexual activity between offenders will not be deemed sexual abuse and shall be addressed in accordance with divisional and institutional services procedures regarding conduct violations and disciplinary sanctions."

Policy IS&SOP 19-1.1 Conduct Rules and Sanctions, Section II (Definitions) pages 2 and 3 state, "If the rule violation is a major violation, is serious in nature, threatens the safety and security of the institution, is for sexual misconduct, or involves the destruction of state or offender property the employee should immediately fill out a Conduct Violation Report (Attachment A) and not use an informal sanction." This policy also defines sexual activity as "Any sexual act; intentional touching, whether done by a foreign object or by physical human contact of a sexual part of another or of self, regardless of whether such touching is consensual, kissing, or fondling; or physical or verbal conduct of a sexual nature." This policy also defines forcible sexual misconduct as "Using force, coercion or threats of force to obtain the compliance of another in any type of sexual activity." It defines sexual misconduct as "Engaging with another in any type of sexual activity; Engaging in the self-touching of one's sexual parts in view of others and inappropriately exposing one's sexual parts to others." WERDCC reported that they did not have any incidents where an offender was issued a conduct violation for sexual contact with staff after finding that the staff member did not consent to such contact. Administrative staff report that offenders are not punished for making a PREA allegation if it is made in good faith.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

115.81 (a)

- If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) ☒ Yes ☐ No ☐ NA

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Offenders at WERDCC are offered follow up meetings with medical or mental health professionals if they disclosed any prior sexual victimization. This is also offered to offenders who have previously perpetrated sexual abuse. Informed consent is obtained from offenders unless they are under the age of 18.

SOP DI-8.13 Offender Sexual Abuse and Harassment, page 10, Section III (C) (5) states, "If the screening indicates that an offender has experienced prior sexual victimization, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. If the screening indicates that an offender has previously perpetrated sexual abuse, whether it occurred in a correctional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening. Medical and mental health practitioners shall obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting."

IS11-32 Receiving Screening – Intake Center, pages 4 -5, Section III (B) states, "If during the screening, the offender reports being sexually abused within the last 72 hours or if a forensic exam is deemed medically necessary, the coordinated response to offender sexual abuse will be initiated in accordance with departmental procedures regarding offender sexual abuse and harassment. If the screening indicates the offender has experienced prior sexual victimization and a forensic exam is not deemed medically necessary, the coordinated response protocol will not be initiated and the offender will be offered a follow-up meeting with a medical and/or mental health practitioner within 14 days of the intake screening. If the screening indicates the offender has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, staff members shall ensure that the offender is offered a follow-up meeting with a QMHP within 14 days of the intake screening. Health services staff members shall obtain informed consent from offenders in accordance with institutional services regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18."

Interviews with offenders stated they knew if they wanted mental health assistance due to a PREA allegation they can request it through their Functional Unit Managers (FUM's.) Offenders stated they have never been denied access to mental health at this facility however sometimes it takes a while to get in due to the number of offenders at WERDCC. WERDCC provided copies of the "WERDCC PREA Event Log" and "WERDCC PREA Log for Mental Health." This log tracks offender name, number, and date of PREA event. It also tracks the date the provider was notified as well as any hospital information. This log has provider referrals but not referrals to outside hospitals. The PREA log for Mental Health tracks the offender name, DOC number, date mental health was notified as well as the name of staff that was assigned.

Standard 115.82: Access to emergency medical and mental health services

115.82 (a)

- Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.82 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.82 (c)

- Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.82 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Inmate victims of sexual abuse at WERDCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

Policy SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 18-21 states, "Victims of sexual abuse shall receive timely, unobstructed access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by health services practitioners according to their professional judgment. When conducting a medical assessment of any victim or alleged or suspected perpetrator of an incident of sexual abuse or sexual harassment, health services staff members may not collect evidence but shall assist in the preservation of items related to the incident. Health services staff members should screen victims for obvious physical trauma, and at that time provide emergency medical care. If an allegation of offender sexual abuse is made within 72 hours of the event and consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object instrument, or penis, the victim should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible, for gathering of evidence. If it has been greater than 72 hours since the alleged abuse, and the alleged victim has not showered, they should be transported to the community emergency room with a sexual assault forensic examiner (SAFE) or sexual assault nurse examiner (SANE), when possible for gathering of evidence. Health services staff members should contact the shift commander and the community emergency room to arrange transportation to the emergency room in accordance with institutional services procedures regarding offender transportation and hospital and specialized ambulatory care. If the victim has showered and it has been more than 72 hours since the reported assault, the physician should determine treatment and whether the victim will be sent off site for a forensic exam.

Auditor reviewed the contract requirements the MDOC has with Corizon. Pages 25 and 26 outline Corizon's obligations when obtaining medical care services from hospitals. The pages 42 – 45 outlines Corizon's experience with PREA, training regarding PREA, zero tolerance and mandatory reporting requirements if witnessing any form of sexual misconduct. Corizon will not charge victims for any services provided. Inmate victims of sexual abuse at WERDCC receive timely, unimpeded access to emergency medical treatment and crisis intervention services. They are also offered information and access to sexually transmitted infections prophylaxis. All services are provided at no cost to the victim.

Standard 115.83: Ongoing medical and mental health care for sexual abuse victims and abusers

115.83 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.83 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.83 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a prison.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC offers medical and mental health evaluations/treatment to all offenders who have been victimized by sexual abuse in any confinement settings. SOP D1-8.13 Offender Sexual Abuse and Harassment, page 21, Section III (G) states, "Victims of sexual abuse shall be offered timely information and access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Each victim and abuser shall be offered medical and mental health evaluation, and as appropriate, treatment and include appropriate follow-up services, treatment plans, and when necessary, referrals for continued care following their transfer to, or placement in, other facilities or their release from custody. Victims and abusers shall be provided with medical and mental health services consistent with the community level of care in accordance with the institutional services procedures regarding medical and mental health services. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results the victim shall receive timely and comprehensive information about and access to all lawful pregnancy-related medical services."

Auditor reviewed an example of "Referral and Screening Note – Mental Health/Medical Service." This referral note had documented observed behaviors, the reason for referral, screening results as well as actions taken by mental health and medical. Medical also provided examples of charts demonstrating follow up visits had occurred. WERDCC did not have any events that involved vaginal penetration which would require a pregnancy test or STI testing in the past 12 months.

Mental Health/Medical Staff stated that physical exams are always done on alleged victims. They always check to see if there is anything that is reportable. They advised that they do provide services that are consistent with the community. They compared their services to what a citizen would find at an Urgent Care.

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

115.86 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.86 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

WERDCC conducts a sexual abuse incident review at the end of every criminal or administrative sexual abuse investigations, unless the allegation is determined to be unfounded.

This is completed within 30 days of the conclusion of the investigation. Members of the review team include upper-level management, supervisors, investigators, and medical and/or mental health professionals. The members document their findings and all recommendations.

SOP D1-8.13 Offender Sexual Abuse and Harassment, pages 22 and 23, Section III (I) states, "Each facility shall conduct a sexual abuse incident debriefing at the end of every substantiated and unsubstantiated offender sexual abuse investigation or inquiry. A sexual abuse incident debriefing is not required on offender sexual harassment investigations or inquiries or if the investigation or inquiry is unfounded. "Debriefings shall be held within 30 days of the conclusion of a formal investigation or inquiry utilizing the PREA sexual abuse debriefing form and submitted to the department PREA coordinator, CAO, and assistant division director."

Auditor reviewed an example of a review of sexual abuse incidents that resulted from an unsubstantiated disposition. This review included the name of the victim, assailant, staff members involved in the briefing, date and time of the incident, what occurred, location of the incident, housing information, was the allegation motivated by race, ethnicity or sexual orientation, information on the coordinated response, information on a forensic exam, mental health consultation, and any recommendations. This review is also included in the facility's annual report.

WERDCC reported that in the past twelve months there have been recommendations for improvements that have come from the review of sexual abuse/harassment incidents.

Standard 115.87: Data collection

115.87 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.87 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.87 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) ☒ Yes ☐ No ☐ NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Data needed to complete the annual Survey of Sexual Violence is collected in the Correctional Information Network (COIN) system. Data is collected and reviewed annually. Policy D1-8.13 Offender Sexual Abuse and Harassment states, "Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department's PREA coordinator by the last working day in March. The report shall include: 1) identified problem areas, 2) recommendations for improvement, 3) corrective action taken, 4) if recommendations for improvements were not implemented, reasons for not doing so, 5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facility's progress in address sexual abuse, 6) an evaluation of the need for camera and monitoring systems, 7) in consultation with the PREA site coordinator; assessment determination, and documentation of whether adjustments are needed to the staffing plan, the deployment of video monitoring and the resource availability to adhere to the staff plan. The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March. The PREA coordinator shall prepare an annual report compiling each facility's current year's data and corrective actions. The report shall include a comparison with prior year's data, corrective actions, and an assessment of the department's progress in addressing offender sexual abuse. The report shall be forwarded to the department director for approval by the last working day in May."

Auditor reviewed the MDOC PREA Annual Report. This report contained information on the progress the department has made in the PREA program, a trend analysis of all investigations in the state and correction actions for each facility. This report is also published on the MDOC website at <https://doc.mo.gov/programs/PREA/>. Administrative staff reported that data is collected monthly and reported annually to the PREA Coordinator.

Standard 115.88: Data review for corrective action

115.88 (a)

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?
☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.88 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.88 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.88 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

SOPD1-8.13 Offender Sexual Abuse and Harassment, pages 27 – 28 state, “Annual Site Report: Each facility shall utilize information from the offender sexual abuse debriefings to prepare an annual report to be submitted to the department’s PREA coordinator by the last working day in March. The report shall include: (1) identified problem areas, (2) recommendations for improvement, (3) corrective action taken, (4) if recommendations for improvements were not implemented, reasons for not doing so, (5) a comparison of the current year's data and corrective actions with those from prior years, and an assessment of the facilities' progress in addressing sexual abuse, (6) an evaluation of the need for camera and monitoring systems, (7) in consultation with the PREA site coordinator; assessment, determination, and documentation of whether adjustments are needed to the:

- (A) the staffing plan,
 (B) the deployment of video monitors, and
 (C) the resource availability to adhere to the staffing plan.

The yearly report shall be submitted to the division director and the department PREA coordinator no later than the last working day in March. Auditor reviewed the statewide annual report as well as the report as it relates specifically to WERDCC. Auditor reviewed the MDOC PREA Annual Report that is published on the MDOC website at <https://doc.mo.gov/programs/PREA/>

Standard 115.89: Data storage, publication, and destruction

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
☒ Yes ☐ No

115.89 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.89 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Site Coordinator keeps all investigations, data tracking forms, monthly statistic reports secured in a locked file cabinet. According the Agency Records Disposition Schedule, this information is retained for five years, and then it is destroyed.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (N/A before August 20, 2016.)
☐ Yes ☒ No ☐ NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? ☐ Yes ☒ No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?
☒ Yes ☐ No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Auditor reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018> containing the audit reports for PREA audits completed.

The Auditor verified that the MDOC has, beginning in audit year 3 of cycle 1, has ensured that at least one-third of each facility type operated by the Agency was and/or is scheduled to be audited.

Deputy Warden Todd Francis and the staff of WERDCC opened the entire facility for this auditor, to ensure complete transparency of all records and freedom of speech from the offenders and staff alike. During the tour, the auditor noted all potential risk areas in the facility, these areas of risk were mitigated through the use mirrors, direct supervision of staff, physical plant acoustics of the housing areas, the unobstructed view of interior windows and security minded placement of furniture in the rooms. With the aforementioned action being proactively taken, the risk areas were eliminated. All staff personnel were knowledgeable of the PREA program; they were polite, professional, and open to all requirements of this audit.

Standard 115.403: Audit contents and findings

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

The Auditor reviewed the MDOC web page at <https://doc.mo.gov/programs/PREA/PREA-audits/2018>.

The Missouri Department of Corrections has all previous PREA Final Reports from the correctional facilities within its jurisdiction, published on the Agency's website within 90 days after the final report is issued by the auditor.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Marc L. Coudriet
Marc Coudriet

18 July 2018

Auditor Signature

Date

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report June 12, 2018

Auditor Information

| | |
|--|---|
| Name: Debra Dawson | Email: dddawsonprofessionalaudits@gmail.com |
| Company Name: 3D PREA Auditing and Consulting, LLC | |
| Mailing Address: P.O. Box 5825 | City, State, Zip: Greenwood, FL 32443 |
| Telephone: 850-209-4878 | Date of Facility Visit: May 10, 2018 |

Agency Information

| | | | |
|--|-----------------------------------|--|---|
| Name of Agency: Missouri Department of Corrections | | Governing Authority or Parent Agency (If Applicable): | |
| Physical Address: 2729 Plaza Drive | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: same as above | | City, State, Zip: Click or tap here to enter text. | |
| Telephone: 573-751-2389 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: Improving lives for safer communities | | | |
| Agency Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |

Agency Chief Executive Officer

| | |
|---------------------------------|-------------------------|
| Name: Anne L. Precythe | Title: Director |
| Email: anne.precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | |
|-------------------------------|---|
| Name: Vevia Sturm | Title: Office of Professional Standards (OPS) PREA Manager |
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573-522-3335 |

| | | | |
|--|---|--|---|
| PREA Coordinator Reports to: Richard Williams, Chief Legal Council | | Number of Compliance Managers who report to the PREA Coordinator 29 | |
| Facility Information | | | |
| Name of Facility: Kennett Community Supervision Center | | | |
| Physical Address: 1401 Laura Drive, Kennett, MO 63857 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: 573-888-4900 | | | |
| The Facility Is: | | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Private not for Profit |
| Facility Type: | <input type="checkbox"/> Community treatment center | | <input type="checkbox"/> Halfway house |
| | <input type="checkbox"/> Mental health facility | | <input type="checkbox"/> Restitution center |
| | <input checked="" type="checkbox"/> Alcohol or drug rehabilitation center | | |
| <input checked="" type="checkbox"/> Other community correctional facility | | | |
| Facility Mission: Improving lives for safer communities | | | |
| Facility Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |
| Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Internal PREA audits conducted | | | |
| Director | | | |
| Name: Larry Terrell | | Title: District Administrator | |
| Email: Larry.Terrell@doc.mo.gov | | Telephone: 573-919-2311 | |
| Facility PREA Compliance Manager | | | |
| Name: Ian Evans | | Title: Unit Supervisor | |
| Email: Ian.Evans@doc.mo.gov | | Telephone: 573-888-4900 | |
| Facility Health Service Administrator | | | |
| Name: N/A | | Title: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | | Telephone: Click or tap here to enter text. | |
| Facility Characteristics | | | |

| | | | |
|--|---|--|---|
| Designated Facility Capacity: 60 | | Current Population of Facility: 16 | |
| Number of residents admitted to facility during the past 12 months | | | 152 |
| Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility: | | | 0 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 122 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 148 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of Population: | <input checked="" type="checkbox"/> Adults 18+ | <input type="checkbox"/> Juveniles Click or tap here to enter text. | <input type="checkbox"/> Youthful residents Click or tap here to enter text. |
| Average length of stay or time under supervision: | | | 85.4 days |
| Facility Security Level: | | | Field Supervision |
| Resident Custody Levels: | | | n/a |
| Number of staff currently employed by the facility who may have contact with residents: | | | 41 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | | | 6 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | | | |
| Physical Plant | | | |
| Number of Buildings: 1 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 0 | |
| Number of Open Bay/Dorm Housing Units: | | 2 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): | | | |
| Medical | | | |
| Type of Medical Facility: | | N/A | |
| Forensic sexual assault medical exams are conducted at: | | Poplar Bluff Regional Medical Center | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | | | 7 Volunteers/9 Contractors |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 10 State Wide |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Kennett Community Supervision Center (KCSC), Missouri Department of Corrections (MDOC) was conducted on May 9, 2018. The PREA Recertification Audit was coordinated through the Missouri Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract by MDOC. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. Mr. Alonso Harvin was assigned to serve the PREA auditor's support staff. A line of communication was developed between the Office of Professional Standards (OPS) PREA Unit Manager Vevia Sturm and Debra Dawson to schedule the assigned audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA recertification audit site visit was scheduled for May 10, 2018. The PREA audit team returned to KCSC at 6:00 a.m. to conduct interviews with the Probation and Parole Assistants I and II (PPAs) who were assigned the 11:00 p.m. – 7:00 a.m. shift. The entrance meeting was held at approximately 7:45 a.m. and a tour of the facility immediately followed. Debra Dawson, PREA auditor, Mr. Alonso Harvin, PREA auditor support staff, District Administrator Mr. Larry Terrell, and PREA Site Coordinator Ian Evans.

The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal interviews with staff and residents during the site visit. Areas visited during the tour included the main lobby, clerical area, kitchen area, resident housing areas, administration, all program areas, control room, outdoor courtyard, Probation and Parole Field Offices, storage, supply and mechanical room. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to residents and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on March 21, 2018, well in excess of the six week required notification period. A photograph of the posted notice was provided to the auditor.

Forty employees to include those with Kennett Community Supervision Center and the Department of Probation and Parole is located within the Kennett Community Supervision Center and has a variation of contact with the resident population. Thirty-five staff was interviewed during this audit. The audit team was provided with separate offices to conduct private interviews with staff and residents. Eighteen random staff was selected for interviews. PPAs (line staff and supervisors) from the 3 scheduled shifts of 11:00 p.m. - 7:00 a.m.; 7:00 a.m. – 3:00 p.m.; and 3:00 p.m. – 11:00 p.m., in addition to

administrative staff and Probation and Parole Officers were interviewed. The specialized staff was selected for interview based on their assigned specialized PREA responsibilities. There were 17 specialized staff interviews conducted. Those specialized staff interviewed included: (1) District Administrator; (1) Agency Contract Administrator; (1) PREA Manager; (1) Chief State of Probation and Parole; (1) PREA Site Coordinator; (1) Incident Review Team Member; (1) Volunteer; (2) Intermediate or higher supervisor; (1) Staff who perform screening for risk of victimization and abusiveness; (1) Investigative Staff; (1) Advocate Member; (1) Designated staff member charged with monitoring retaliation; (1) Senior Officer Support Assistant (Human Resource); (1) SANE/SAFE Nurse; (2) Intake Staff. There was no security staff (PPAs) or non-security staff (Probation and Parole Field Officers) who have acted as first responder at the KCSC. However, all staff within the KCSC location is considered first responders. All staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment.

The PREA Site Coordinator provided the auditor and auditor support staff personnel with housing unit rosters that identified residents and a list of residents within the facility for interviews. The facility has a capacity rate of 60 residents, 52 male and 8 females. The official count of residents approved for assignment at KCSC on the day of the audit was 27. Eleven of these residents were within the local jail and identified as an absorber or on furlough status. Sixteen residents were physically assigned at the facility on the day site visit. Twelve of the 16 residents housed at the facility were available for interviews. There were zero residents at KCSC identified to meet the following categories: Residents who identify as Lesbian, Gay, or Bisexual; Residents who identify as Transgender or Intersex; Residents Who Reported Sexual Abuse; Residents Who Reported Sexual Victimization During Risk Screening; Residents with any Disabilities. All residents interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

MDOC publishes their investigative policy on its website www.doc.mo.gov/OD/PREA.php. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings on May 10, 2018. The following individuals were in attendance: DOJ Certified PREA auditor Debra Dawson, PREA auditor support staff; District Administrator Larry Terrell; PREA Manager Vevia Sturm, and PREA Site Coordinator Ian Evans.

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The KCSC is located at 1401 Laura Drive Kennett, MO 63857-1342. The KCSC shares a 21,557 square foot building with the Missouri Department of Corrections District 23 Probation and Parole. Probation and Parole Field Officers are not considered facility staff of KCSC. They are responsible for their individual resident caseloads and do not supervise the residents assigned at the facility. Residents are prohibited from entry into the Probation and Parole Office area without staff authorization and staff escort. Additional areas within the building are a clerical area, administrative staff offices, programming offices, classrooms, kitchen, common area, front lobby, and control room. An indoor and outdoor common area is also available.

The KCSC is used to confine residents who have never been to prison and are assigned to the Community Supervision Center as an alternative to incarceration or as a consequence to a rule violation, or an inability to meet the requirements of probation or Probation and Parole Field Officers. Residents are also those who have been in prison and are in the process of returning to the community, or have already been released to the community and have violated a rule or condition or their Probation and Parole Field Officers.

MDOC administration has done a phenomenal job in designing the layout of the 37 cameras throughout the facility. These cameras are monitored 24/7 by PPAs assigned to the control center. Staffs have the capability of monitoring all cameras at once. Camera placement prevents blind spots inside the building, and provides constant observation of entry doors and the outer perimeter. Movement is limited throughout the facility that isn't controlled by key entry, keypad accessibility and/or the operation of doors by the control center staff.

There are one dormitory each for the male and female residents. The male dormitory has a capacity rate of 52. The female dormitory has a capacity rate of 8. Single stall restrooms and showers are available to the residents within their housing unit. A laundry area is also provided in both dormitories. An additional toilet and shower area is located in an area near the control center. This area is utilized to conduct authorized searches or as a holding area pending the arrival of local law enforcement as needed. The established floorplan design, and operational practice and procedures, prevents interaction between the male and female residents unless authorized by staff under direct supervision.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

115.215; 115.216; 115.217; 115.231; 115.264

Number of Standards Met: 38

115.211; 115.212; 115.213; 115.214; 115.218; 115.221; 115.222; 115.232 115.233; 115.234;
115.235; 115.241; 115.242; 115.243; 115.251; 115.252; 115.253 115.254; 115.261; 115.262;
115.263; 115.265; 115.266; 115.267; 115.268; 115.271; 115.272; 115.273; 115.276; 115.277;
115.278; 115.281; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?

☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Department of Corrections Procedural Manual D1-8-13 Offender Sexual Abuse and Harassment; Resident Handbook; Director's Office Organization Chart, and Kennett Community Supervision Center PREA Standard Operating Procedure and duties of the PREA Manager and PREA Site Coordinator, it was determined KCSC meets the mandate of this standard. KCSC and MDOC have written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of residents. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and bi-annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and residents' awareness.

The OPS PREA Manager is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. In 2013, the PREA Manager chartered 16 interagency teams to assist with developing a plan to implement PREA standards in the policies and practices of DMOC facilities. Each team was assigned specific standards, and tasked with reviewing current policy and practice, identifying best practices and developing a plan for implementation. The plan was forwarded

to the PREA Manager and her oversight team for review. Once the plan approved, the PREA Manager, with support of executive staff, ensured each plan was implemented through the MDOC system. A Deputy Warden or above is responsible for ensuring PREA standards are maintained with Adult Institutions. Unit Supervisors are responsible for ensuring PREA standards in Community Supervision Centers and the Transitional Center. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☒ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Missouri Department of Corrections has contracts for the confinement of offenders/residents with 4 Residential Facilities, Schirmer House, Reality House, Metropolitan Employment Rehabilitation Services, (MERS Goodwill), Heartland Center for Behavior Change (HCBC). These contractors do not provide services to Kennett Community Supervision Center. A copy of the contracts was provided and it is determined there is a PREA acknowledgement and requirement in each contract.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: PREA Yearly Staffing Report; Annual PREA Report; Staff Schedules and Memo to File, there have been no deviations to the staffing plan, it was determined Kennett Community Supervision Center meets the mandate of this standard. KCSC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect residents against sexual abuse. The facility has a capacity rate of 60 residents. The staffing plan is designed for 30 residents and the facility has maintained a daily average of 36.7. An interview with the PREA Manager indicated the staffing plan is evaluated every year. The staffing plan is forwarded to her each year by the end of March at which time she provides input. Copies of the staffing plan dated January 11, 2018, was provided for the auditing team's review and determined to meet all

the standards of this standard. The facility's video monitoring is supported by 37 cameras positioned throughout the facility. Review of video monitoring confirmed the residents' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for both adult males and female residents. Both female and male staff is assigned to each shift. The physical layout of the facility and operational procedures ensures no interaction between the female and male residents. Interviews with the PREA Site Coordinator and District Administrator each confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required assigned critical PPAs Post. There were no deviations noted to have occurred to critical staffing positions. However, any deviations would be documented and the reasons for the deviation would be noted.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents?
☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No

- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8-13 Offender Sexual Abuse and Harassment; Board of Probation and Probation and Parole Field Officers Manual P4-4.13 Searches; KCSC Search Policy; KCSC Cross Gender Viewing SOP; Resident Handbook and MDOC Lesson Plan on Searches; Training log of Staff Training; Interviews with Supervisory Staff, Random Staff, and Random Residents,

KCSC exceeds in meeting the mandate of this standard. The department and the facility prohibit cross gender pat searches on female residents and prohibits all cross gender visual body cavity searches or strip searches. The staffing plan ensures that both male and female PPAs are on duty each shift. In a circumstance that a search is required on a resident of any sex in which the same staff member is not on duty, a same sex local law enforcement officer will report to the facility and conduct the search. Under circumstances that a search is required on resident in which a staff member of that sex is not on duty, the search will be delayed until the arrival of the same sex staff member or the arrival of a same sex local law enforcement officer to conduct the search. Individual shower stalls have appropriate shower curtains or doors that enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia. Prior to entry into the housing area of residents, staff of opposite gender are required to announce their presence when entering an area where residents are likely to shower, change clothes or perform bodily functions. Documentation of staff entry is logged into Chronological Log noting the date, time staff person entered the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditing team. Policy prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. The determination of transgender and/or intersex residents genital status may be obtained during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed such training. Staff provided the auditing team with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex residents, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. No transgender or intersex residents were assigned to the facility during the site visit. Therefore, no interviews were conducted with intersex or transgender residents.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect,

and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: MDOC Policy D1-8.13; MDOC Lesson Plan for Special Needs and Translation Service Contract, PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages; Interviews with (Intake) staff, KCSC exceeds the mandate of this standard. KCSC takes steps and has policies that ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. KCSC provides residents with materials which are available in a variety of languages to include English, Spanish and Japanese. PREA information is also posted throughout the facility in extra-large print for those residents with vision disabilities. The Agency has a statewide contract with numerous companies available for utilization in translating verbally and by sign language. Residents who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Residents who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations. There were zero residents designated at KCSC identified as Limited English Proficient or having a disability.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13, Offender Sexual Abuse and Harassment; Directive D2-2.2, Background Investigations; D2-2.8 Promotional Appointment; D2-2.10, Re-Employment Appointment; D2-13.1, Volunteers; D2-13.2, Student Interns; PREA Hiring Checklist; Background Checklist for Contractors; D1-5.1 Maintenance of Employee Records; D2-5.1 Maintenance of Employee Records; Interviews with District Administrator, Senior Office Support Assistant (Human Resource), PREA Manager, District Administrator, Chief State Supervisory of Probation and Probation and Parole Field Officers and additional memorandums and personnel forms provided, Kennett Community Supervision Center exceeds in meeting the mandate of this standard. Before hiring new employees, human resources staff or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted on the first day of the staff's member birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Parole (MULES) that provides information collected Nationwide. The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. In accordance with D2-5.1 Maintenance of Employee Records, Released for Closed Information: Verification of information, other than public information will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of a resident during employment by the department. Such information will be obtained by contracting central office human resources. Confirmation of compliance with this standard was supported during staff interviews, review of completed applications and background checks.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

KCSC has not designed nor acquired a new facility or planned any substantial expansion or modification to the existing facility. However a security enhancement and the elimination of a blind spot was created in the male resident restroom by the installation of a secured cage blocking an entry of an unauthorized area and the addition of a mirror for easy staff viewing during routine rounds prior entry. This project was completed in April 2018. This accomplishment was a great asset to the facility. KCSC meets this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.8, Evidence Collection; Directive D1-8.13, Offender Sexual Abuse and Harassment; MOU Haven House; D1-8.1 Office of Professional Standards, KCSC meets the mandate of this standard. The MDOC is responsible for all criminal and administrative investigations within the agency. Investigations are conducted by the Agency's OPS PREA Unit. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. KCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations. Interviews were conducted with an investigator from the OPS PREA Unit who is responsible for responding to incidents of sexual abuse/sexual assault. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Emergency healthcare as well as forensic examinations by SANE/SAFE nurses are provided at an outside facility with no cost to the resident. An advocate is provided to the resident upon request through The Haven House to provide emotional support through the forensic medical examination and investigation interviews. Interviews with the District Administrator and OPS Investigator and representative from The Haven House, confirmed these services are available to all victims of sexual abuse upon request. The MDOC conducts resident on resident sexual abuse/harassment investigations. However, all allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditing team. The correspondence noted that the MDOC in accordance with the Prison Rape Elimination Act, the Department must request that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol. The KCSC had zero allegations of sexual abuse/harassment reported in the last 12 months of the PREA audit.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to

conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews with Investigative Staff, it is determined that Kennett Community Supervision Center meets the mandate of this standard. In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews Investigative Staff, it is determined that Kennett Community Supervision Center meets the mandate of this standard. All allegations of resident sexual abuse and/or harassment, including third party and anonymous reports,

will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions of if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a resident related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: Directive D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: Working with Female Offenders; MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, Kennett Community Supervision Center exceeds in meeting the mandate of this standard. MDOC mandates a PREA course training that addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA training is completed by all new employees during their initial training and PREA refresher training course is required every two years. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditing team.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13, Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MDOC Lesson Plan – PREA Module for Volunteers and Contractors; and Training Acknowledgment Forms signed by Contractors and Volunteers, Missouri Department of Corrections Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor, Kennett Joseph Community Supervision Center meets the mandate of this standard. SJCS had zero active volunteers during this audit period. KSCS has 9 contract workers and 7 Volunteers, each are with various local agencies. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. The level and type of training provided to the contractors and volunteers is based on the level of contact with them. Volunteers, vendors and contractors, including but not limited to vending and exterminators entering the building are continuously escorted by Probation and Probation and Parole Field Officers Assistants throughout the facility during the times they are required to be in the facility. At no time, would they be alone in an area where residents would have access. PREA training provided to volunteers and contractors includes the agency's policy and procedures regarding sexual abuse and

sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by written receipt of training received and understanding of such training. The contractor's training records was reviewed and indicated the training received and acknowledged as being understood. One contract staff was available for interview during the site visit. One volunteer with the Missouri Job Center was available for interview during the site visit. The volunteer acknowledged receiving PREA training and articulated understanding of the agency's zero tolerance of sexual abuse and sexual harassment and her responsibility in reporting.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No

- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Victim/Abuser Protocol; KCSC Resident Handbook; Resident Orientation Sign-in Sheets; PREA Posters and Pamphlets, and Interviews with Random and Targeted Residents, Kennett Community Supervision Center meets the mandate of this standard. The Agency's policy requires staff to conduct the initial Intake Screening of residents within three hours of their arrival to the facility. KCSC ensures the intake screening process is conducted within one hour after the resident's arrival. The intake screening is conducted by one of the PPAs. At reception, residents are provided a PREA pamphlet and resident handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents and observe a PREA video titled "PREA: Silence the Violence." Resident education is documented for each resident and maintained in the residents file. Interviews was conducted with 12 residents confirmed they received PREA information during intake within the first hour of their arrival. Additionally, PREA information is posted in all housing and common areas and is accessible to the resident population which provides residents with a continuously and

readily availability of PREA education resources. Each resident interviewed, reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Missouri Department of Corrections policy D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan – Special Investigator Training; Training Acknowledgement for Investigators; Interview with the OPS Investigator, Kennett Community Supervision Center meets the mandate of this standard. Investigators within the department of the OPS are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the 10 OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. The OPS Investigator articulated the training provided to all investigators during the interview process.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

KCSC does not employ full time, part time, or volunteer medical or mental health personnel. All medical care for residents at the KCSC is provided by Poplar Bluff Regional Medical Center. Mental health services are provided within the local community at the Southeast Missouri Behavior Health Center. However, in accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment, the Agency meets the mandate of this standard. Medical and mental health staffs are required to receive annual specialized PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; MDOC Board of Probation and Probation and Parole Field Officers Directive P4-4.2 Community Supervisions Centers Risk Screening; Completed Risk Screening Form, and Assessments for At Risk Victim/Abuser; Interviews with Staff Who Perform Screening for Risk of Victimization and Abusiveness, and PREA Site Coordinator, Kennett Community Supervision Center meets the mandate of this standard. Policy stated the resident shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to

identify those at risk for being sexually abusive or sexually abuse. The initial screening shall be completed within 72 hours of the resident's arrival at the facility. The initial screening is processed by the Probation and Parole Assistants. Within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Interviews with Intake Staff and residents indicated the risk screening assessments are conducted within the first hour of the resident's arrival. The screening instrument includes whether the resident has a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the resident's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Staff reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the resident's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the resident's classification file. These files are accessible to identified authorized staff only. A review of the screening forms, confirmed inconsistencies in days in which the reassessment of residents was conducted. These inconsistencies included reassessments being conducted between 3 and 30 days of the resident's arrival. The auditor noted that although the standard does not identify the numbers of days required between the assessments, the intent of the standard is not to conduct the reassessment prior to two weeks of the initial assessment.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing:

intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; Board of Probation and Parole Field Officers Protocol for Community Supervision Centers; and Committee Minutes for Transgender/Intersex Committee, PREA Risk Screening; PREA Assessment for At Risk Victim/Abuser; Chore List; Bunk Assignment SOP; Interviews with Intake Staff, PREA Manager, Kennett Community Supervision Center meets the mandate of this standard. KCSC Community Supervision Center has one dormitory unit for male and one dormitory unit for female residents. Residents at high risk of being sexually abusive are assigned in the front of the dormitory and are separated from residents who are identified at high risk of being sexually abused. Video monitoring within the dorms provides additional observation to ensure safety of all. KCSC Community Supervision Center uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations on how to ensure the safety of each resident. Transgender or intersex resident's housing is considered on a case-by-case basis, placement considers the residents health and safety, and whether the placement would present management or security problems. The average length of a resident's stay at KCSC is 85.4 days. However, on the rare occasional a transgender or intersex resident stay is longer; the resident will be assessed twice within a year and is always reassessed as needed upon receipt of additional information as needed. Interviews with staff confirmed a transgender or intersex resident's own view with respect to his or her own safety is given consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. KCSC does not place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated unit based solely on identification or status. There were zero residents at the facility identified as gay, transgender, and intersex. Therefore, none was available for interview during the site visit.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard (Requires Corrective Action)**

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the Employee Handbook; Resident Handbook; PREA Posters and Brochure; PBCSC Coordinated Response Plan; MOU with Department of Public Safety, and MDOC D1-8.9 Crime Tips and PREA Hotline MDOC D1-8.13 Offender Sexual Abuse and Harassment; MOU with the Haven House, Kennett Community Supervision Center meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the residents to report sexual abuse and assault. Residents receive a copy of The Resident Handbook during the intake process which advises them that they can contact any staff member, the MDOC OPS, or the Haven House to report sexual abuse or assault internally. Additionally, there are posters throughout the facility which also inform the residents of other reporting options. To report to an external organization, residents can write the Missouri Department of Public Safety, Crimes Victims' Unit. Reports may be made confidentially and remain anonymous upon request. Residents may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Telephones at the facility are not equipped to be monitored. Therefore, an additional method of privately reporting sexual abuse/harassment is available to the residents. KCSC does not house residents solely for civil immigration offenses. Residents interviewed indicated they were familiar with the various ways to report sexual abuse or assault information. Interviews with random staff, random residents and a disabled resident confirmed their knowledge of methods for residents to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing to outside personnel. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations by the residents is accessible to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in

the administrative remedy process.) (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)

☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard (Requires Corrective Action)**

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Board of Probation and Parole Field Officers P7-1.7 Complaints and Investigations; Resident Handbook; MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC D5-3.2 Offender Grievance Kennett Community Supervision Center outlines the Administrative Remedy process and meets the mandate of this standard. Residents are informed of the grievance process during orientation. Residents will not be required to use any informal grievance or complaint process. Residents will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Residents will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the resident in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other residents, family members, friends, attorneys, and outside advocates. The Agency policies also address the resident's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the resident within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days. There were no grievances filed at KCSC in the last 12 months of the PREA audit. However, an interview with the PREA Site Coordinator confirmed his knowledge of the Agency's policy of filing administrative remedies in regards to allegations of sexual abuse/harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA advocacy poster; Resident Handbook; MOU with Missouri Department of Public Safety; Interviews with PREA Compliance Manager, Kennett Community Supervision Center exceeds in meeting the mandate of this standard. The KCSC has MOU with the Missouri Department of Public Safety. Victims of sexual abuse/harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety receives and immediately forward and report sexual abuse/harassment including third party and anonymous reports to the OPS PREA Unit.

The KCSC entered into an MOU with a local Advocacy Provider, Haven House. The KCSC has an advocacy person on site that will assist, if needed, after a report of a PREA incident. The agreement outlines the services provided by the programs as: follow-up with residents who made direct contact seeking rape crisis services via telephone or mail or requested through MDOC; maintain active, confidential communication with MDOC staff in order to facilitate treatment for resident victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling

and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with MDOC.

The KCSC does not monitor the resident phone conversations, and residents are able to have confidential communication with an advocacy provider. The KCSC does not allow residents to receive incoming mail (except for pertinent info, i.e., birth certificate, lawyer info, etc.). However, residents are permitted to send out confidential material to an advocacy provider.

Residents are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC 20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the resident and staff population.

All staff and residents interviewed was knowledgeable of the residents' access to advocacy groups within the community for support services.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>); Interviews with Random Staff and Random Residents, Kennett Community Supervision Center meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the OPS PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at DOC.PREA@doc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA brochures which is provided to each resident and posted throughout the facility. Interviews with staff and residents confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Chapter 217 MDOC Revised Statutes KCSC Coordinated Response Protocol and Interviews with Random Staff; Random Residents, Kennett Community Supervision Center meets the mandate of this standard. In accordance policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report resident sexual abuse is a Class A Misdemeanor. All staff members, volunteers, and contractor are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against residents or staff who reported such an incident and in addition to any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are

prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. There is no medical or mental health service provided at the KCSC. KCSC does not employ full or part-time medical or mental health staff. Therefore, medical and mental health services are not provided at KCSC. These services are provided within the local community and those providing services, are required by Federal, State, local law to report sexual abuse. KCSC does not house residents under the age of 18.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment MDOC Board of Probation and Probation and Parole Field Officers Manual Directive P4-4.2 MDOC Directive D5-3.2 Offender Grievance; Interviews with District Administrator, PREA Site Coordinator, PREA Manager, and Random Staff, Kennett Community Supervision Center meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect residents with a substantial risk of sexual abuse. Staff interviews indicated the KCSC has had no incidents where a resident was deemed at substantial risk of imminent sexual abuse. However, staff was aware that the resident would be immediately moved to an area of the facility away from other residents, such as an interview room, until appropriate actions could be taken to provide safe and appropriate housing.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment Kennett Community Supervision Center meets the mandate of this standard. MDOC policy require upon receiving information that a resident has been sexually abused while assigned at another department facility, the coordinated response for residents sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the PREA Manager. The PREA Manager will ensure notification to the facility is made with

72 hours. The PREA Manager will document the notification made. Interviews with the PREA Site Coordinator, District Administrator, and OPS Investigator, confirmed their responsibility when becoming aware of such incidents. There were no PREA notifications made to or from other Community Supervision Centers and/or correctional facilities that met the requirements of PREA notifications in this standard since the last PREA audit in July 2016.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; MDOC Lesson Plan on Coordinated Response; KCSC Coordinated Response Protocol; Interviews with Random Staff, District Administrator, PREA Site Coordinator, PREA Manager, KCSC exceeds the mandate of this standard. Staff identified as the first responder is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. The KCSC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. PREA packets are maintained in the PPAs' office titled "PREA Incident Folder" that describes detailed instructions upon notification of sexual abuse/harassments allegations. All staffs are issued First Responder Duties/How to Report Sexual Abuse Cards which provide details to follow as a first responder. Random staff, specialized staff, and contractors, articulated their knowledge and responsibility in the steps to follow as a first responder.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the PBCSC PREA Coordinated Response Plan and First Responder Notification Checklist, and MDOC Lesson Plan for First Responders, Kennett Community Supervision Center meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Established folders containing the PREA Coordinated Response Plan detailing actions to taken in response to an incident of sexual abuse are located in the Probation and Parole Assistants' Office for referencing. Interviews with staff confirmed staffs are aware of their specific responsibilities under this plan.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with MDOC Directive D2-11.6 Labor Organizations; MDOC and SEIU Labor Agreement, KCSC meets the mandate of this standard. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS: Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. An interview with the Director of Office of Professional Standards/Chief State Supervisor confirmed the Agency has not entered into any new agreements or renewal with collective bargaining. A collective bargaining Probation and Parole Assistant 1 was interviewed and was aware of the bargaining agreement.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard (Requires Corrective Action)**

Instructions for Overall Compliance Determination Narrative

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I In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment, and MDOC PREA Retaliation Checklist, Interviews District Administrator, PREA Manager, and Staff Assigned to Monitor Retaliation (PREA Site Coordinator), Kennett Community Supervision Center meet the mandate of this standard. Retaliation Monitoring is assigned to the PREA Site Coordinator to monitor staff and residents to report allegations of sexual abuse/harassment or fear retaliation for cooperating with an investigation of sexual abuse/harassment with the exception of those determined to be unfounded. KCSC reported no allegations of sexual abuse/harassment since the last PREA audit in 2016. Therefore, no retaliation monitoring was required. However, interviews with the PREA Manager, District Administrator, PREA Site Coordinator, and Chief State Supervisory Probation and Probation and Parole Field Officers each confirmed they were aware of the monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or resident would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. Policies and checklist provides multiple protective measures to ensure the safety of the resident that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or resident abuser from contract with the alleged victim, and emotional support services for residents or staff who fear retaliation. Staff monitors a resident's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where a resident is released to field probation monitoring will stop and if released to a community confinement facility monitoring will continue.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of

criminal OR administrative sexual abuse investigations. See 115.221(a).]

☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.1 Office of Professional Standards, Interviews with OPS PREA Manager, OPS Investigator, and District Administrator, Kennett Community Supervision Center meets the mandate of this standard. The investigative process was articulated by the OPS Investigator, and PREA Manager confirming investigators follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard while describing each measure utilized. Training documentation supporting completion of the specialized training for the 10 State-wide OPS Investigators, who are assigned to complete these investigations, was provided for review by the auditing team. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. Residents who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. All investigative files are required to retain for 90 years.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment and Interviews with the OPS Investigator, the Office of Professional Standards PREA Investigative Unit does not impose a standard greater than the preponderance of evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☒ Yes ☐ No ☐ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MDOC Directive D1-8.13; PREA Status Notification of Abuse by a Staff Member; Interviews with OPS Investigators and PREA Site Coordinator, Kennett Community Supervision Center meets the mandate of this standard. The Office of Professional Standards (OPS) has a process in place to notify the resident upon close out of the investigation finding of substantiated, unsubstantiated, or unfounded. All notifications will be in writing and documented. Upon the completion of a PREA investigation or inquiry regarding a resident sexual abuse, the PREA Site Coordinator will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by resident notification form. In the event that the investigation was conducted by an outside agency, the office of the OPS PREA Unit will request relevant information from the outside agency in order to inform the resident of the outcome of the investigation. MDOC policies require implementation of all notifications identified in this standard.

There have been no sexual abuse investigations completed by an outside agency at KCSC since the last PREA audit in July 2016.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard (Requires Corrective Action)**

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; MDOC Probation and Probation and Parole Field Officers Manual; MDOC D2-11.10 Staff Conduct, Kennett Community Supervision Center meets the mandate of this standard. The Directives addresses disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MDOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement as applicable. KCSC has not had any incidents of employee terminations and/or suspensions for issues of sexual abuse or sexual harassment since the previous PREA audit in July 2016. Staff interviews revealed an awareness of the Agency's zero tolerance policy as it pertains to sexual abuse and sexual harassment.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; D2-13.1 Volunteers; Interviews Volunteers and Contractors, KCSC meets the mandate of this standard. MDOC has a zero tolerance involving sexual abuse and sexual harassment of residents by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. One contractor was available for interview during the site visit. KCSC reported there were zero incidents reported since the last PREA audit in July 2016, of volunteers and/or contractors was reported to have engaged in sexual abuse of a resident.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment, Kennett Community Supervision Center meets the mandate of this standard. The listed policy outlines

disciplinary sanctions that may be imposed on residents who engage in sexual abuse and sexual harassment. Residents are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between residents are prohibited and residents determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff and/or another resident. Disabilities and mental illness factors contributing to the acts of a resident's participation in sexual activities will be considered during the discipline process. A resident reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be unfounded, will not receive discipline for making the report. KCSC has had no incidents of discipline on residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. KCSC does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The KCSC would, however, refer these individuals to appropriate community resources.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, KCSC meets the mandate of this standard. KCSC does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment and treatment. Mental health services are available at Southeast Missouri Behavior Health Center. If residents need and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. If medical attention would be needed, staff would contact an ambulance for transportation to the local hospital that provides SANE/SAFE exams. If staff is available, transportation could be provided by the facility. There were no residents that required referral for community services relating to sexual abuse at KCSC in the last 12 months of the PREA audit.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, Kennett Community Supervision Center meets the mandate of this standard. KCSC does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment, treatment, and all ongoing medical and mental health treatment as needed. These services will not be of cost to the victim. If residents need and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. Alleged victims of resident sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however sight, by hand, finger, object instrument or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standard of care where medically appropriate. These follow-up services, treatment plans, and, when necessary, referrals for continued care following the resident's transfer to, or placement in, other facilities, or their release from custody will continue. Upon receiving a report of a substantiated case of resident sexual abuse the PREA Site Coordinator will submit a referral and screening note-health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. There were no residents that required referral for community services relating to sexual abuse at KCSC in the last 12 months of the PREA audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment, and PREA Annual Report, Interviews with the Director, and PREA Site Coordinator, Kennett Community Supervision Center meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. Interview with the Director from the Office of Professional Standards, indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. KCSC does not employ medical and/or mental health staff at the facility. Per the PREA Site Coordinator, staffs are required to obtain a Release of Information from the resident in an effort to include medical mental health input during the incident review hearing. The PREA Manager, District Administrator, and PREA Site Coordinator clearly articulated the proper procedures in conducting such reviews and provided a copy of the PREA Incident Review Debriefing form for the auditor's review. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. There were no sexual abuse allegations reported in the last 12 months of the PREA audit that required an Incident Review Debriefing. Therefore, no files were available to review.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, Kennett Community Supervision Center meets the mandate of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the Corrections Information Network [COIN] system. The KCSC does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility's current year's data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year's data, corrective actions and an assessment of the department's progress in addressing resident sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MDOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency's website.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC Agency Website; PREA Annual Report it was determined the Agency meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, the Agency meets the mandate of this standard. KCSC does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment, treatment, and all ongoing medical and mental health treatment as needed. These services will not be of cost to the victim. If residents needed and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. Alleged victims or resident sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however sight, by hand, finger, object instrument or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standard of care where medically appropriate. These follow-up services, treatment plans, and, when necessary, referrals for continued care following the resident's transfer to, or placement in, other facilities, or their release from custody. Upon receiving a report of a substantiated case of resident sexual abuse the PREA Site Coordinator submits a referral and screening note-health services from to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. There were no residents that required referral for community services relating to sexual abuse in the last 12 month of the PREA audit.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditing team was given access to and an opportunity to tour and visit all areas of the facility. The auditor and support staff was given access to tour the full facility. The auditor and support staff was provided with offices that ensured privacy in conducting interviews with residents and staff during the site visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MDOC is composed of 22 Adult Institutions, 6 Community Supervision Centers, and 1 Transition Center in St. Louis, MO. Additionally, there are more than 40 district offices, along with institutional parole offices, residential facilities and satellite offices in seven regions. A review of the website found the Final Audit Reports for 39 PREA Audits of MDOC facilities between the years of 2014 – 2017. There were 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was July 3, 2017, well within the 90-day requirement. MDOC meets the mandate of this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra Dawson

June 12, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report June 12, 2018

Auditor Information

| | |
|--|---|
| Name: Debra Dawson | Email: dddawsonprofessionalaudits@gmail.com |
| Company Name: 3D PREA Auditing & Consulting, LLC | |
| Mailing Address: P.O. Box 5825 | City, State, Zip: Greenwood, FL 32443 |
| Telephone: 850-209-4878 | Date of Facility Visit: May 8 -9, 2018 |

Agency Information

| | | | |
|--|-----------------------------------|--|---|
| Name of Agency: Missouri Department of Corrections | | Governing Authority or Parent Agency (If Applicable): | |
| Physical Address: 2729 Plaza Drive | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: same as above | | City, State, Zip: Click or tap here to enter text. | |
| Telephone: 573-751-2389 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: Improving lives for safer communities | | | |
| Agency Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |

Agency Chief Executive Officer

| | |
|---------------------------------|-------------------------|
| Name: Anne L. Precythe | Title: Director |
| Email: anne.precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | |
|-------------------------------|---|
| Name: Vevia Sturm | Title: Office of Professional Standards (OPS) PREA Manager |
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573-522-3335 |

| | | | |
|--|---|--|---|
| PREA Coordinator Reports to: Richard Williams, Chief Legal Council | | Number of Compliance Managers who report to the PREA Coordinator 29 | |
| Facility Information | | | |
| Name of Facility: Poplar Bluff Community Supervision Center | | | |
| Physical Address: 1441 Black River Industrial Park Road, Poplar Bluff, MO 63901 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: 573-840-9555 | | | |
| The Facility Is: | | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Private not for Profit |
| Facility Type: | <input type="checkbox"/> Community treatment center | | <input type="checkbox"/> Halfway house |
| | <input type="checkbox"/> Mental health facility | | <input type="checkbox"/> Restitution center |
| | <input checked="" type="checkbox"/> Alcohol or drug rehabilitation center | | |
| <input checked="" type="checkbox"/> Other community correctional facility | | | |
| Facility Mission: Improving lives for safer communities | | | |
| Facility Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |
| Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Director | | | |
| Name: Kenny Jones | | Title: Chairman Board of Probation/Parole | |
| Email: Kenny.jones@doc.mo.gov | | Telephone: 573-751-8488 | |
| Facility PREA Compliance Manager | | | |
| Name: Lanny Corcimiglia | | Title: PREA Site Coordinator | |
| Email: Lanny.Corcimiglia@doc.mo.gov | | Telephone: (573) 840-9555 | |
| Facility Health Service Administrator | | | |
| Name: N/A | | Title: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | | Telephone: Click or tap here to enter text. | |
| Facility Characteristics | | | |

| | | | |
|---|---|---|--|
| Designated Facility Capacity: 60 | | Current Population of Facility: 28 | |
| Number of residents admitted to facility during the past 12 months | | | 253 |
| Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility: | | | 1 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 149 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 245 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of Population: | <input checked="" type="checkbox"/> Adults 18+ | <input type="checkbox"/> Juveniles N/A | <input type="checkbox"/> Youthful residents N/A |
| Average length of stay or time under supervision: | | | 52.9 days |
| Facility Security Level: | | | Field Supervision |
| Resident Custody Levels: | | | n/a |
| Number of staff currently employed by the facility who may have contact with residents: | | | 48 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | | | 2 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | | | 2 |
| Physical Plant | | | |
| Number of Buildings: 1 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 0 | |
| Number of Open Bay/Dorm Housing Units: | | 2 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): There are 37 cameras throughout the facility. | | | |
| Medical | | | |
| Type of Medical Facility: | | N/A | |
| Forensic sexual assault medical exams are conducted at: | | Poplar Bluff Regional Medical Center | |
| Other | | | |
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | | | 9 Contractors/ 7 Volunteers |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | | | 10 Investigators State-wide |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the Poplar Bluff Community Supervision Center (PBSCS), Missouri Department of Corrections (MDOC) was conducted on May 9, 2018. The PREA Recertification Audit was coordinated through the Missouri Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract by MDOC. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. Mr. Alonso Harvin was assigned to serve the PREA auditor's support staff. A line of communication was developed between the Office of Professional Standards (OPS) PREA Unit Manager Vevia Sturm and Debra Dawson to schedule the assigned audit.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA recertification audit site visit was originally scheduled for May 9, 2018. However, upon the District Administrator and PREA Site Coordinator' awareness of the auditing team availability to conduct a tour on May 8, 2018, the entrance meeting and tour only was held on May 8, 2018. The entrance meeting was held with Debra Dawson, PREA auditor, Mr. Alonso Harvin, PREA auditor support staff, District Administrator Mr. James Berry, and PREA Site Coordinator Lanny Corcimiglia. The PREA audit team returned to Poplar Bluff Community Supervision Center on May 9, 2018, at 6:00 a.m. to continue the auditing process. Interviews were conducted at this time with the Probation and Parole I and II (PPAs) who were assigned the 11:00 p.m. – 7:00 a.m.

The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and residents during the site visit. Areas visited during the tour included the main lobby, kitchen area, resident housing areas, administration, all program areas, control room, outdoor courtyard, warehouse area, Probation and Parole Department, storage, supply and mechanical room. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to residents and staff in both English and Spanish. The notification of the PREA audit visit was documented as posted on March 21, 2018, well in excess of the six week required notification period. A photograph of the posted notice was provided to the auditor.

PBCSC employs 48 employees who may have contact with the residents. Thirty-one staff was interviewed during this audit. The audit team was provided with separate offices to conduct private interviews with staff and residents. Thirteen random staff was conducted that included Probation and

Parole Assistants I and II (line staff and supervisors) from the three scheduled shifts of 11:00 p.m. - 7:00 a.m.; 7:00 a.m. – 3:00 p.m.; and 3:00 p.m. – 11:00 p.m. Those interviewed also included administrative staff and Administrative and Probation and Parole Field Officers. Specialized staff selected for interview by the auditor was chosen on their assigned specialized PREA responsibilities. Eighteen specialized staff was interviewed. Those specialized staff interviewed included: (1) District Administrator; (1) Agency Contract Administrator; (1) PREA Manager; (1) Chief State Supervisory of Probation and Parole; (1) PREA Site Coordinator; (1) Incident Review Team Member; (2) Contractors; (1) Volunteer; (2) Intermediate or higher supervisor; (1) Staff who perform screening for risk of victimization and abusiveness; (1) Investigative Staff; (1) Designated staff member charged with monitoring retaliation; (1) Senior Officer Support Assistant (Human Resource); (1) SANE/SAFE Nurse; (2) Intake Staff. There was no security staff ((PPAs) 1 or 2, or non-security staff (administration and Probation and Parole Field Officers) who has acted as first responder at the PBCSC. All staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment and their responsibility as a first responder.

PBCS had an in house base count of 28 residents on May 9, 2018, upon the auditing team's arrival. The auditing team conducted the site visit from 6:00 a.m. until 7:00 p.m. However, numerous residents departed the facility throughout the site visit due to community jobs and program participation. All available residents (14) were selected for interviews. Thirteen random interviews were conducted and one interview was conducted with a resident identified as having a disability. There were zero residents at PBCSC who were identified to meet the following categories: Residents who identify as Lesbian, Gay, or Bisexual; Residents who identify as Transgender or Intersex; Residents Who Reported Sexual Abuse; Residents Who Reported Sexual Victimization During Risk Screening. All residents interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

MDOC publishes their investigative policy on its website www.doc.mo.gov/OD/PREA.php. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings on May 9, 2018. The following individuals were in attendance: PREA audit team; District Administrator James Barry; PREA Manager Vevia Sturm, and PREA Site Coordinator Lanny Corcimiglia.

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Poplar Bluff Community Supervision Center is located at 1441 Black River Industrial Park Road, Poplar Buff, MO 63901. The PBCSC shares a U shape building with the Missouri Department of Corrections District 25 Probation and Parole. Probation and Parole Field Officers are not considered facility staff of PBSCS. They are responsible for their individual resident caseloads and do not supervise the residents assigned at the facility. Residents are prohibited from entry into the Probation and Parole Office area without authorization and a staff escort. Additional areas within the building is a clerical area, administrative staff offices, programming offices, classrooms, kitchen, common area, front lobby, and control room. An indoor and outdoor common area is also available.

The PBCSC is used to confine residents who have never been to prison and are assigned to the Community Supervision Center as an alternative to incarceration or as a consequence to a rule violation, or an inability to meet the requirements of probation or parole. Residents are also those who have been in prison and are in the process of returning to the community, or have already been released to the community and have violated a rule or condition or their parole.

MDOC administration has done a phenomenal job in designing the layout of the 37 cameras throughout the facility. These cameras are monitored 24/7 by PPAs assigned to the control center. Staffs have the capability of monitoring all cameras at once. Camera placement prevents blind spots inside the building, and provides constant observation of entry doors and the outer perimeter. Movement throughout the facility is controlled by key entry, keypad accessibility and/or the operation of these doors by the control center staff.

There are one dormitory each for the male and female residents. The male dormitory has a capacity rate of 52 residents. The female dormitory has a capacity rate of 8 residents. Single stall restrooms and showers are available to the residents within their housing unit. A laundry area is also provided in both dormitories. An additional toilet and shower area is located in an area near the control center. This area is utilized to conduct authorized searches or as a holding area pending the arrival of local law enforcement as needed. The established floorplan design, and operational practice procedures, prevents interaction between the male and female residents unless authorized by staff under direct supervision.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category.** If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Number of Standards Exceeded: 5

115.215; 115.216; 115.217; 115.231; 115.264

Number of Standards Met: 38

115.211; 115.212; 115.213; 115.214;; 115.218; 115.221; 15.222;115.232 115.233; 115.234; 115.235; 115.241; 115.242; 115.243; 115.251; 115.252; 115.253; 115.254; 115.261; 115.262; 115.263; 115.265; 115.266; 115.267; 115.268; 115.271; 115.272; 115.273; 115.276; 115.277; 115.278; 115.281; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Department of Corrections Procedural Manual D1-8-13 Offender Sexual Abuse and Harassment; Resident Handbook; Director's Office Organization Chart, and Poplar Bluff Community Supervision Center PREA Standard Operating Procedure and duties of the PREA Manager and PREA Site Coordinator, it was determined Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC and MDOC have written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of residents. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities. PREA training is provided to staff during initial training and bi-annually as outline in policy. Those individuals interviewed shared their understanding of the agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and residents' awareness.

The OPS PREA Manager is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. In 2013, the PREA Manager chartered 16 interagency teams to assist with developing a plan to implement PREA standards in the policies and practices of DMOC facilities. Each team was assigned specific standards, and tasked with reviewing current policy and practice, identifying best practices and developing a plan for implementation. The plan was forwarded to the PREA Manager and her oversight team for review. Once the plan approved, the PREA Manager, with support of executive staff, ensured each plan was implemented through the MDOC system. A Deputy Warden or above is responsible for ensuring PREA standards are maintained with Adult Institutions. Unit Supervisors are responsible for ensuring PREA standards in Community Supervision Centers and the Transitional Center. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Missouri Department of Corrections has contracts for the confinement of inmates/residents with 4 Residential Facilities, Schirmer House, Reality House, Metropolitan Employment Rehabilitation Services, (MERS Goodwill), Heartland Center for Behavior Change (HCBC). These contractors do not provide services to Poplar Bluff Community Supervision Center. A copy of the contracts was provided and it is determined that there is a PREA acknowledgement and requirement in each contract.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☐ Yes ☐ No ☒ NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: PREA Yearly Staffing Report; Annual PREA Report; Staff Schedules and Memo to File, there have been no deviations to the staffing plan, it was determined Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect residents against sexual abuse. Copies of the staffing plan dated May 31, 2017, and April 30, 2018, was provided for review by the auditor. The facility's video monitoring is supported by 37 cameras positioned throughout the facility. Review of video monitoring confirmed the residents' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for both adult males and female residents. Both female and male staffs are assigned to each shift. The physical layout of the facility and operational procedures ensures no interaction between the female and male residents without prior approval from authorized staff. Per the PREA Site Coordinator and District Administrator each confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required PPA's post. There were no deviations noted to have occurred. However, any deviations from the staffing plan would be documented and the reasons for the deviation noted.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) ☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents?
☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8-13 Offender Sexual Abuse and Harassment; Board of Probation and Parole Manual P4-4.13 Searches; PBCSC Search Policy; PBCSC Cross Gender Viewing SOP; Resident Handbook and MDOC Lesson Plan on Searches; Training log of Staff Training; Interviews with Supervisory Staff, Random Staff, and Random Residents, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. The department and the facility prohibit cross gender pat searches on female residents and prohibits all cross gender visual body cavity searches or strip searches. The staffing plan ensures that both male and female PPAs are on duty each shift. In a circumstance that a search is required on a resident of any sex in which the same staff member is not on duty, a same sex local law enforcement officer will report to the facility and conduct the search. Individual shower stalls have appropriate shower curtains or doors that enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia. Prior to entry into the housing area of residents, staff of opposite gender shall announce their presence when entering an area where residents are likely to shower, change clothes or perform bodily functions. The announcement shall be entered in the Chronological Log noting the date, time staff person entering the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditing team. Policy prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. The determination of transgender and/or intersex residents genital status may be obtained during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and a review of their documented signature confirmed such training. Staff provided the auditing team with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex residents, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. No transgender or intersex residents were assigned to the facility during the site visit. Therefore, no interviews were conducted with intersex or transgender residents.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: MDOC Policy D1-8.13; MDOC Lesson Plan for Special Needs and Translation Service Contract, PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages; Interviews with (Intake) staff and Random Staff, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. PBCSC takes steps and has policies that ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. PBCSC provides residents with materials which are available in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Blind-Braille, Russian, Serbo Croation, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Residents who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Residents who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations. A resident identified as a having a learning disability confirmed staff provided him with PREA educational material that he was able to understand.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13, Offender Sexual Abuse and Harassment; Directive D2-2.2, Background Investigations; D2-2.8 Promotional Appointment; D2-2.10, Re-Employment Appointment; D2-13.1, Volunteers; D2-13.2, Student Interns; PREA Hiring Checklist; Background Checklist for Contractors; D1-5.1 Maintenance of Employee Records; Memorandum from Human Resources, Interviews with Chief State Supervisory Probation and Parole, and Human Resource Manager; and additional memorandums and personnel forms provided, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. Before hiring new employees the human resources staff members or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted on the first day of the staff's birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Patrol (MULES) that provides information collected Nationwide. The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility, alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or reside of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. Confirmation of compliance with this standard was supported during an interview with the Senior Office Support Assistant (Human Resource) and review completed applications and background checks.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse?

(N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)

☐ Yes ☐ No ☒ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Poplar Bluff Community Supervision Center has not designed nor acquired a new facility or planned any substantial expansion or modification to the existing facility. However a security enhancement and the elimination of a blind spot was created in the male resident restroom by the installation of a secured cage blocking an entry of an unauthorized area and the addition of a mirror for easy staff viewing during rounds. This project was completed in April 2018. This accomplishment was a great asset to the facility. PBCSC meets this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers?
☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.8, Evidence Collection; Directive D1-8.13, Offender Sexual Abuse and Harassment; MOU Haven House; D1-8.1 Office of Professional Standards, Poplar Bluff Community Supervision Center meets the mandate of this standard. The MDOC is responsible for all criminal and administrative investigations within the agency. Investigations are conducted by the Agency's OPS PREA Unit. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. PBCSC utilizes the Poplar Bluff Regional Medical Center to conduct all protocols and forensic medical examinations. Interviews were conducted with an investigator from the OPS PREA Unit who is responsible for responding to incidents of sexual abuse/sexual assault. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at an outside facility with no cost to the resident. An advocate is provided to the resident upon request through Haven House to provide emotional support through the forensic medical examination and investigation interviews. Interviews with the District Administrator and OPS Investigator and representative from Haven House, confirmed these services are available to all victims of sexual abuse upon request. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditing team. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, the Department must requests that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA standards of the uniform evidence protocol. There were no residents assigned at PBSCS who reported sexual abuse to interview in regarding to the process completed.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No

- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews Investigative Staff, it is determined that Poplar Bluff Community Supervision Center meets the mandate of this standard. All allegations of resident sexual abuse and/or harassment, including third party and anonymous reports, will immediately be forwarded to the shift supervisor to initiate the coordinated response as outlined in the offender sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions of if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a resident related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website.

When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All Administrative and Criminal Investigations of Sexual Abuse or Sexual Harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No

- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? ☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard (Requires Corrective Action)**

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of: Directive D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: Working with Female Offenders; MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, Poplar Bluff Community Supervision Center meets the mandate of this standard. PREA training addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. PREA training is completed by all new employees during their initial training. A PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. Both formal and informal interviews with staff indicate that they are well trained in Sexual Assault Prevention and Response and their duties as first responders and the agency's zero tolerance policy on sexual abuse and sexual harassment. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditing team.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed

how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13, Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MDOC Lesson Plan – PREA Module for Volunteers and Contractors; and Training Acknowledgment Forms signed by Contractors and Volunteers, Missouri Department of Corrections Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor, Poplar Bluff Community Supervision Center meets the mandate of this standard. The level and type of training provided to the contractors and volunteers is based on the level of contact with them. However, all training provided during their orientation includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by written receipt of training received and understanding of such training. Volunteer and contractor training records were reviewed and indicated the training was acknowledged as being received and understood. Two contract staff and one volunteer from the program department was interviewed.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Victim/Abuser Protocol; PBCSC Resident Handbook; Resident Orientation Sign-in Sheets; PREA Posters and Pamphlets, and Interviews with Random and Targeted Residents, Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC ensures all incoming residents receive PREA training on the day of arrival during the intake process. The Agency's policy requires staff to conduct the initial intake screening of residents within three hours of their arrival to the facility. KCSC ensures the intake screening process is conducted within one hour after the resident's arrival. The intake screening is conducted by one of the PPAs. During intake screening, residents are provided a PREA pamphlet and resident handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents and observe a PREA video titled "PREA: Silence the Violence." PREA training is documented for each resident and maintained in the resident's file. Interviews was conducted with 14 residents confirmed they received PREA information during intake within the first hour of their arrival. Additionally, PREA information is posted in all housing and common areas and is accessible to the resident population which provides residents with a continuously and readily availability of PREA education resources. Each resident interviewed, reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving and understanding PREA education during interviews.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its

investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Missouri Department of Corrections policy D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan – Special Investigator Training; Training Acknowledgement for Investigators; Interview with the OPS Investigator, Poplar Bluff Community Supervision Center meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the ten OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. An OPS Investigator articulated the training provided to all investigators during the interview process.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Poplar Bluff Community Supervision Center does not employ full time, part time, or volunteer medical or mental health personnel. All medical care for residents at the PBCSC is provided by Poplar Bluff Regional Medical Center. Mental health services are provided within the local community at the Southeast Missouri Behavior Health Center. However, in accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment, the Agency meets the mandate of this standard. Medical and mental health staffs are required to receive annual specialized PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? ☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No

- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; MDOC Board of Probation and Parole Directive P4-4.2 Community Supervisions Centers Risk Screening; Completed Risk Screening Form, and Assessments for At Risk Victim/Abuser; Interviews with Staff and PREA Site Coordinator, Poplar Bluff Community Supervision Center meets the mandate of this standard. Policy stated the resident shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to identify those at risk for being sexually abusive or sexually abuse. The initial screening shall be completed within 72 hours of the resident's arrival at the facility. The initial screening is processed by the PPAs. A reassessment is conducted within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. During interviews with Intake Staff and residents, the initial screening is conducted within the first hour of the resident's arrival. The screening instrument includes whether the resident has a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the resident's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the resident is or is perceived to be gay, lesbian,

bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Staff reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the resident's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the resident's classification file. These files are accessible to identified authorized staff only. A review of the screening forms, confirmed inconsistencies in days in which the reassessment of residents was conducted. These inconsistencies included reassessments being conducted between three and thirty days of the resident's arrival. The auditor noted that although the standard does not identify the numbers of days required between the assessments, the intent of the standard is to allow a sufficient amount of time for receipt of additional information regarding the resident not to occur prior to two weeks of the initial assessment.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; Board of Parole Protocol for Community Supervision Centers; and Committee Minutes for Transgender/Intersex Committee, PREA Risk Screening; PREA Assessment for At Risk Victim/Abuser; Chore List; Bunk Assignment SOP; Interviews with Intake Staff, PREA Manager, Poplar Bluff Community Supervision Center meets the mandate of this standard. Popular Bluff Community Supervision Center only has one dormitory unit for male and one dormitory unit for female residents. Residents at high risk of being sexually abusive are assigned in the front of the dormitory and are separated from residents who are identified at high risk of being sexually abused. Video monitoring within the dorms provides additional observation to ensure safety of all. PBCSC uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each resident. Transgender or intersex resident's housing is considered on a case-by-case basis, placement considers the residents health and safety, and whether the placement would present management or security problems. The average length of a resident's stay at PBCSC is 52.9 days. However, on the rare occasional a resident stay is longer; the resident will be assessed twice within a year and is always reassessed as needed upon receipt of additional information as needed. Interviews with staff confirmed a transgender or intersex resident's own view with respect to his or her own safety is given consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. PBCSC does not place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated unit based solely on identification or status. There no residents at the facility identified as gay, transgender, and intersex. Therefore, none was available for interview during the site visit.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the Employee Handbook; Resident Handbook; PREA Posters and Brochure; PBCSC Coordinated Response Plan; MOU with Department of Public Safety, and MDOC D1-8.9 Crime Tips and PREA Hotline MDOC D1-8.13 Offender Sexual Abuse and Harassment; MOU with the Haven House, Poplar Bluff Community Supervision Center meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the residents to report sexual abuse and assault. Residents receive a copy of The Resident Handbook during the intake process which advises them that they can contact any staff member, the MDOC OPS, or the Haven House to report sexual abuse or assault internally. Additionally, there are posters throughout the facility which also inform the residents of other reporting options. To report to an external organization, residents can write the Missouri Department of Public Safety, Crimes Victims' Unit. Reports may be made confidentially and remain anonymous upon request. Residents may also report allegations to third parties who in turn would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Telephones at the facility are not equipped to be monitored. Therefore, an additional method of privately reporting sexual abuse/harassment is available to the residents. PBCSC does not house residents solely for civil immigration offenses. Residents interviewed indicated they were familiar with the various ways to report sexual abuse or assault information. Interviews with random staff, random residents and a disabled resident confirmed their knowledge of methods for residents to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing to outside personnel. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MDOC policy and the PREA standards. An available method to reporting sexual abuse/harassment allegations by the residents is accessible to the public through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Board of Probation and Parole P7-1.7 Complaints and Investigations; Resident Handbook; MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC D5-3.2 Offender Grievance Poplar Bluff Community Supervision Center outlines the Administrative Remedy process and meets the mandate of this standard. Residents are informed of the grievance process during orientation. Residents will not be required to use any informal grievance or complaint process. Residents will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Residents will not submit a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the resident in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other residents, family members, friends, attorneys, and outside advocates. The Agency policies also address the resident's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the resident within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days. There were no grievances filed at PBCSC in the last 12 months of the PREA audits. However, an interview with the PREA Site Coordinator confirmed his knowledge of the Agency's policy of filing administrative remedies in regards to allegations of sexual abuse/harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA advocacy poster; Resident Handbook; MOU with Missouri Department of Public Safety; Interviews with PREA Compliance Manager, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. The PBCSC has MOU with the Missouri Department of Public Safety. Victims of sexual abuse/harassment may report such abuse to the Missouri Department of Public Safety, Crime Victims Services Unit, P. O. Box 749, Jefferson City, MO 65102. The Missouri Department of Public Safety receives and immediately forward and report sexual abuse/harassment including third party and anonymous reports to the OPS PREA Unit.

The PBCSC entered into an MOU with a local Advocacy Provider, Haven House. The PBCSC also works well with the Rescue Mission and the local hospital. The PBCSC has an advocacy person on site that will assist, if needed, after a report of a PREA incident. The agreement outlines the services provided by the programs as: follow-up with residents who made direct contact seeking rape crisis services via telephone or mail or requested through MDOC; maintain active, confidential communication with MDOC staff in order to facilitate treatment for resident victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with MDOC.

The PBCS does not monitor the resident phone conversations, and resident are able to have confidential communication with an advocacy provider. The PBCSC does not allow residents to receive incoming mail (except for pertinent info, i.e., birth certificate, lawyer info, etc.). However, residents are permitted to send out confidential material to an advocacy provider.

Residents are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC 20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the resident and staff population.

All staff and residents interviewed were knowledgeable of the residents' access to advocacy groups within the community for support services.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>); Interviews with Random Staff and Random Residents, Poplar Bluff Community Supervision Center meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the OPS PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at

DOC.PREA@doc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA brochures which is provided to each resident and posted throughout the facility. Interviews with staff and residents confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Chapter 217 MDOC Revised Statutes PBCSC Coordinated Response Protocol and Interviews with Random Staff; Random Residents, Poplar Bluff Community Supervision Center meets the mandate of this standard. In accordance policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report resident sexual abuse is a Class A Misdemeanor. All staff, volunteers, and contractors are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against residents or staff who reported such an incident and any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. There is no medical or mental health service provided at the PBCSC. PBCSC does not employ full or part-time medical or mental health staff. Therefore, medical and mental health services are not provided at PBCSC. These services are provided within the local community and those providing services, are required by Federal, State, local law to report sexual abuse. PBCSC does not house residents under the age of 18.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment MDOC Board of Probation and Parole Manual Directive P4-4.2 MDOC Directive D5-3.2 Offender Grievance; Interviews with District Administrator, PREA Site Coordinator, PREA Manager, and Random Staff, Poplar Bluff Community Supervision Center meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect residents with a substantial risk of sexual abuse. Staff interviews indicated the PBCSC has had no incidents where a resident was deemed at substantial risk of imminent sexual abuse. However, staff was aware that the resident would be immediately moved to an area of the facility away from other residents, such as an interview room, until appropriate actions could be taken to provide safe and appropriate housing.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment Poplar Bluff Community Supervision Center meets the mandate of this standard. MDOC policy require upon receiving information that a resident has been sexually abused while assigned at another department facility, the coordinated response for residents sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the department's PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager will document the notification made. Interviews with the PREA Site Coordinator, District Administrator, and Eastern Region Investigator III, confirmed their responsibly where becoming aware of such incidents. There were no PREA notifications made to or from other correctional facilities that met the requirements of PREA notifications in the last 12 months of this audit.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; MDOC Lesson Plan on Coordinated Response; PBCSC Coordinated Response Protocol; Interviews with Random Staff, District Administrator, PREA Site Coordinator, PREA Manager, Poplar Bluff Community Supervision Center exceeds in meeting the mandate of this standard. Staff

identified as the first responder is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. The PBCSC Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. PREA packets are maintained in the PPAs' office titled "PREA Incident Folder" that describes instructions to follow upon notification of sexual abuse/harassments allegation. All staffs are issued First Responder Duties/How to Report Sexual Abuse Cards which provide details to follow as a first responder. Random staff, specialized staff, and contractors, articulated their knowledge and responsibility in the steps to follow as a first responder.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with a review of the PBCSC PREA Coordinated Response Plan and First Responder Notification Checklist, and MDOC Lesson Plan for First Responders, Poplar Bluff Community Supervision Center meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Established folders containing the PREA Coordinated Response Plan detailing actions taken in response to an incident of sexual abuse are located in the PPAs' office for referencing. Interviews with staff indicate that each is aware of their specific responsibilities under this plan.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with MDOC Directive D2-11.6 Labor Organizations; MDOC and SEIU Labor Agreement, Poplar Bluff Community Supervision Center meets the mandate of this standard. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS: Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. An interview with the Director of Office of Professional Standards/Chief State Supervisor confirmed the Agency has not entered into any new agreements or renewal with collective bargaining. A staff member representing collective bargaining staff confirmed the noted bargaining agreement.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment, and MDOC PREA Retaliation Checklist, Interview with Staff Assigned to Monitor Retaliation, Poplar Bluff Community Supervision Center meets the mandate of this standard. Retaliation Monitoring is assigned to the PREA Site Coordinator to monitor staff and residents who report allegations of sexual abuse/harassment or fear retaliation for cooperating with an investigation of sexual abuse/harassment with the exception of those determined to be unfounded. One resident reported an allegation of sexual

harassment and was placed on retaliation monitoring since the last PREA audit in July 2016. Documentation of appropriate retaliation monitoring was provided to the auditor for review. The resident was released from the PBCSC to field probation prior to a 60 day required monitoring period. An interview with the PREA Site Coordinator, PREA Manager, Chief State Supervisory Probation and Parole confirmed awareness of policy and monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or resident would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. The policies and checklist provides multiple protective measures to ensure the safety of the resident that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or resident abuser from contract with the alleged victim, and emotional support services for residents or staff who fear retaliation. Staff monitors a resident's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where a resident is released to a field probation and parole office, monitoring will stop and if released to a community confinement facility monitoring will continue.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No

- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?
☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with a review of Directive D1-8.1 Office of Professional Standards; Interviews with PREA Manager, OPS Investigator, and District Administrator, Review of Investigative Files, Poplar Bluff Community Supervision Center, meets the mandate of this standard. The investigative process was articulated that confirms staffs follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard while describing each measure utilized. Training documentation supporting completion of the specialized training for the 10 State-wide OPS Investigators who are assigned to complete these investigations was provided for review by the auditing team. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. Residents who allege sexual

abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. This practice was confirmed upon review of a closed investigative sexual harassment case. All investigative files are retained for 90 years. PBCSC reported two incidents for PREA investigations. One was determined not meet the investigative requirements of PREA. The second case of sexual harassment was determined to be substantiated. This individual staff member was terminated prior to completion of the PREA investigation. The OPS Investigator articulated each measure within this standard during sexual abuse investigations. Policy reviewed, review of a closed file and staff interviews confirmed all measures within this standard are adherent too during the investigative process.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment and Interviews with the OPS Investigator, the Office of Professional Standards PREA Investigative Unit does not impose a standard greater than the preponderance of evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13; PREA Status Notification of Abuse by a Staff Member; Review of a Closed Investigation, and Interviews with OPS Investigators and PREA Compliance Manager, Poplar Bluff Community Supervision Center meets the mandate of this standard. The OPS has a process in place to notify the resident upon close out of the investigation finding of substantiated, unsubstantiated, or unfounded. All notifications will be in writing and documented. Upon the completion of a PREA investigation or inquiry regarding a resident sexual abuse, the PREA Site Coordinator will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by resident notification form. In the event that the investigation was conducted by an outside agency, the office of the OPS PREA Unit will request relevant information from the outside agency in order to inform the resident of the outcome of the investigation. MDOC policies require implementation of all notifications identified in this standard. There have been no sexual abuse investigations completed by an outside in the last 12 months of the PREA audit.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive #D1-8.13 Offender Sexual Abuse and Harassment; MDOC Probation and Parole Manual; MDOC D2-11.10 Staff Conduct, Poplar Bluff Community Supervision Center meets the mandate of this standard. The Directives addresses disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions

up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MDOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be relevant licensing or accreditation bodies and law enforcement. PBSCS has not had any incidents of employee terminations and/or suspensions for issues of sexual abuse or sexual harassment since the last PREA audit in July 2016. Staff interviews revealed an awareness of the Agency's zero tolerance policy and disciplinary procedures it pertains to sexual abuse and sexual harassment.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; D2-13.1 Volunteers; Interviews Volunteers and Contractors, Poplar Bluff Community Supervision Center meets the mandate of this standard. MDOC has a zero tolerance involving sexual abuse and sexual harassment of residents by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Interviews were conducted with one volunteer and two contractors, all were aware of the policies as outlined. PBSCS reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of a resident since the last PREA audit in July 2016.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment Poplar Bluff Community Supervision Center meets the mandate of this standard. The listed policy outlines disciplinary sanctions that may be imposed on residents who engage in sexual abuse and sexual harassment. Residents are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between residents are prohibited and residents determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff or other residents. Disabilities and mental illness factors contributing to the acts of a resident's participation in sexual activities will be considered during the discipline process. A resident reporting an allegation of sexual abuse in good faith, in which the finding was determined not to be unfounded, will not receive discipline for making the report. PBCSC has had no incidents of discipline on residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. PBSCS does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PBSCS would, however, refer these individuals to appropriate community resources.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, Poplar Bluff Community Supervision Center meets the mandate of this standard. PBSCS does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment and treatment. If residents needed and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. If medical attention would be needed, staff would contact an ambulance for transportation to the local hospital that provides SANE/SAFE exams. If staff would be available, transportation could be provided by the facility. There were no residents that required referral for community services relating to sexual abuse at PBSCS in the last 12 months of the PREA audit.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, Poplar Bluff Community Supervision Center meets the mandate of this standard. PBCSC does not employ Medical or Mental Health Staff. All residents are referred to Poplar Bluff Regional Medical Center for assessment, treatment, and all ongoing medical and mental health treatment as needed. These services will not be of cost to the victim. If residents need and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. Alleged victims of resident sexual abuse of any kind that consists of

penetration of the mouth, anus, buttocks, or vulva, however sight, by hand, finger, object instrument or penis will be provided with prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standard of care where medically appropriate. These follow-up services, treatment plans, and, when necessary, referrals for continued care following the resident's transfer to, or placement in, other facilities, or their release from custody will continue. Upon receiving a report of a substantiated case of resident sexual abuse the PREA Site Coordinator will submit a referral and screening note-health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. There were no residents that required referral for community services relating to sexual abuse at PBCSC in the last 12 months of the PREA audit.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment, and PREA Annual Report; Interviews with the Director, and PREA Site Coordinator, Poplar Bluff Community Supervision Center meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. Interview with the Director indicated the facility would implement recommendations that result from the review, or document the reasons for not making the implementations. PBCSC does not employ medical and/or mental health staff at the facility. Staffs are required to obtain a Release of Information in an effort to include medical mental health input during the incident review hearing. The PREA Manager, District Administrator, and PREA Site Coordinator clearly articulated the proper procedures in conducting such reviews and provided a copy of the PREA Incident Review Debriefing form for the auditor's review. The review team includes upper-level management

officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. There were no sexual abuse allegations reported in the past 12 months prior to this audit that required an Incident Review. Therefore, no files were available for review.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? ☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? ☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, Poplar Bluff Community Supervision Center meets the mandate of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the Corrections Information Network [COIN] system. The PBCSC does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility's current year's data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year's data, corrective actions and an assessment of the department's progress in addressing resident sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MDOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency's website.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC Agency Website; PREA Annual Report it was determined Poplar Bluff Community Supervision Center meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. The Chief Administrative Officer or

designee PREA Manager or Agency Director edits specific material from the reports when publication would present clear and specific threat to the safety and security of a facility. The Chief Administrative Officer or designee PREA Manager indicates the nature of the material edited. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC PREA Annual Report; MDOC PREA Website, Poplar Bluff Community Supervision Center and the Agency meets the mandate of this standard. MDOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the Agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?
☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditing team was given access to and an opportunity to tour and visit all areas of the facility. The auditor and support staff was given access to tour the full facility. The auditor and support staff was provided with offices that ensured privacy in conducting interviews with residents and staff during the site visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MDOC is composed of 22 Adult Institutions, 6 Community Supervision Centers, and 1 Transition Center in St. Louis. Additionally, there are more than 40 district offices, along with institutional parole offices, residential facilities and satellite offices in seven regions. A review of the website found the Final Audit Reports for 39 PREA Audits of MDOC facilities between the years of 2014 – 2017. There were 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was July 3, 2017, well within the 90-day requirement. MDOC meets the mandate of this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra Dawson

June 12, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

☐ Interim ☒ Final

Date of Report June 12, 2018

Auditor Information

| | |
|--|---|
| Name: Debra D. Dawson | Email: dddawsonprofessionalaudits@gmail.com |
| Company Name: 3D PREA Auditing & Consulting, LLC | |
| Mailing Address: P.O. Box 5825 | City, State, Zip: Greenwood, FL 32443 |
| Telephone: 850-209-4878 | Date of Facility Visit: May 29, 2018 |

Agency Information

| | | | |
|--|-----------------------------------|--|---|
| Name of Agency: Missouri Department of Corrections | | Governing Authority or Parent Agency (If Applicable): Missouri Department of Corrections | |
| Physical Address: 2729 Plaza Drive | | City, State, Zip: Jefferson City, MO 65102 | |
| Mailing Address: same as above | | City, State, Zip: Click or tap here to enter text. | |
| Telephone: 573-751-2389 | | Is Agency accredited by any organization? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| The Agency Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Agency mission: Improving lives for safer communities | | | |
| Agency Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |

Agency Chief Executive Officer

| | |
|---------------------------------|-------------------------|
| Name: Anne L. Precythe | Title: Director |
| Email: anne.precythe@doc.mo.gov | Telephone: 573-526-6607 |

Agency-Wide PREA Coordinator

| | | | |
|---|---|--|---|
| Name: Vevia Sturm | Title: Office of Professional Standard (OPS) PREA Manager | | |
| Email: Vevia.Sturm@doc.mo.gov | Telephone: 573-522-3335 | | |
| PREA Coordinator Reports to: Richard Williams, Chief Legal Council | | Number of Compliance Managers who report to the PREA Coordinator 29 | |
| Facility Information | | | |
| Name of Facility: St. Joseph Community Supervision Center | | | |
| Physical Address: 3305 Faraon, St. Joseph, Mo. 64506 | | | |
| Mailing Address (if different than above): Click or tap here to enter text. | | | |
| Telephone Number: 816-271-3131 | | | |
| The Facility Is: | <input type="checkbox"/> Military | <input type="checkbox"/> Private for Profit | <input type="checkbox"/> Private not for Profit |
| <input type="checkbox"/> Municipal | <input type="checkbox"/> County | <input checked="" type="checkbox"/> State | <input type="checkbox"/> Federal |
| Facility Type: | <input type="checkbox"/> Community treatment center | | <input type="checkbox"/> Halfway house |
| | <input type="checkbox"/> Mental health facility | | <input type="checkbox"/> Restitution center |
| | <input checked="" type="checkbox"/> Alcohol or drug rehabilitation center | | |
| <input checked="" type="checkbox"/> Other community correctional facility | | | |
| Facility Mission: Improving lives for safer communities | | | |
| Facility Website with PREA Information: www.doc.mo.gov/OD/PREA.php | | | |
| Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Internal PREA audits conducted | | | |
| Director | | | |
| Name: Dale Good | | Title: District Administrator II | |
| Email: Dale.Good@doc.mo.gov | | Telephone: (816) 271-3131 ext.229 | |
| Facility PREA Site Coordinator | | | |
| Name: Lonnie Hamilton | | Title: PREA Site Coordinator | |
| Email: Lonnie.Hamilton@doc.mo.gov | | Telephone: (816) 271-3131 | |
| Facility Health Service Administrator | | | |

| | | | |
|---|---|---|--|
| Name: N/A | | Title: Click or tap here to enter text. | |
| Email: Click or tap here to enter text. | | Telephone: Click or tap here to enter text. | |
| Facility Characteristics | | | |
| Designated Facility Capacity: 60 | | Current Population of Facility: 26 | |
| Number of residents admitted to facility during the past 12 months | | | 320 |
| Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility: | | | 0 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more: | | | 167 |
| Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more: | | | 297 |
| Number of residents on date of audit who were admitted to facility prior to August 20, 2012: | | | 0 |
| Age Range of Population: | <input checked="" type="checkbox"/> Adults 18+ | <input type="checkbox"/> Juveniles N/A | <input type="checkbox"/> Youthful residents N/A |
| Average length of stay or time under supervision: | | | 37.9 days |
| Facility Security Level: | | | Field Supervision Clients |
| Resident Custody Levels: | | | n/a |
| Number of staff currently employed by the facility who may have contact with residents: | | | 64 |
| Number of staff hired by the facility during the past 12 months who may have contact with residents: | | | 9 |
| Number of contracts in the past 12 months for services with contractors who may have contact with residents: | | | 3 |
| Physical Plant | | | |
| Number of Buildings: 1 | | Number of Single Cell Housing Units: 0 | |
| Number of Multiple Occupancy Cell Housing Units: | | 0 | |
| Number of Open Bay/Dorm Housing Units: | | 2 | |
| Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 41 Cameras are strategically located throughout the facility and at entry areas. | | | |
| Medical | | | |
| Type of Medical Facility: | | N/A | |
| Forensic sexual assault medical exams are conducted at: | | MOSIAC Life Care Hospital, 5325 Faraon Street, St. Joseph, MO 64506 | |

| Other | |
|---|--------------------------------|
| Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility: | 15 Contractors 0 Volunteers |
| Number of investigators the agency currently employs to investigate allegations of sexual abuse: | 10 Investigators State-wide |

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) Recertification Audit for the St. Joseph Community Supervision Center (SJCSC), Missouri Department of Corrections (MDOC) was conducted on May 29, 2018. The PREA Recertification Audit was coordinated through the Missouri Department of Corrections and 3D PREA Auditing & Consulting, LLC upon award of the contract by MDOC. Department of Justice (DOJ) Certified PREA Auditor Debra Dawson was assigned to conduct the audit. Mr. Bobby Edwards was assigned to serve the PREA auditor's support staff. A line of communication was developed between the Office of Professional Standards (OPS) PREA Unit Manager Vevia Sturm and Debra Dawson to schedule the audit assigned.

The pre-audit preparations consisted of a thorough review of all documentation and materials submitted by the facility including the "Pre-Audit Questionnaire". The documentation reviewed by the auditor included agency policies, procedures, forms, posters, pamphlets, brochures, handbooks, educational materials, training curriculums, organizational charts, and other PREA related materials the facility provided to demonstrate compliance with each PREA standard.

The PREA audit team arrived at 6:00 a.m. at St. Joseph Community Supervision Center on May 29, 2018, to begin the auditing process. Interviews were conducted at this time with the PPAs 1 and II (PPAs) who were assigned the 11:00 p.m. – 7:00 a.m. The entrance meeting and tour was held immediately following completion these interviews at approximately 7:30 a.m. The entrance meeting was held with Debra Dawson, DOJ Certified PREA auditor, Mr. Bobby Edwards, PREA auditor support staff, Mr. Dale Good, District Administrator, and Lonnie Hamilton PREA Site Coordinator

The site visit consisted of conducting a full tour of the facility, a thorough review of documentation, and formal and informal interviews with staff and residents during the site visit. Areas visited during the tour

included the main lobby, clerical area, kitchen area, resident housing areas, administration, all program areas, control room, program areas, outdoor courtyard, warehouse area, Probation and Parole Department, storage, supply and mechanical room. PREA posters and notification of PREA audit visit was observed posted throughout all areas accessible to residents and staff in both English and Spanish.

The notification of the PREA audit visit was documented as posted on April 18, 2018, well in excess of the six week required notification period. A photograph of the posted notice was provided to the auditor. At the completion of the tour, the auditing team continued with staff and resident interviews.

SJCSC employs 64 employees who may have contact with the residents. A total of 32 staff was interviewed during the audit. The auditors were provided separate offices to conduct private interviews with staff and residents. Fifteen staff was selected for random staff interviewed. PPAs (line staff and supervisors) from the three scheduled shifts of 11:00 p.m. - 7:00 a.m.; 7:00 a.m. – 3:00 p.m.; and 3:00 p.m. – 11:00 p.m., were interviewed by the auditing team. Probation and Parole Officers (PPOs) were also selected for random staff interviews. The specialized staff was selected for interview by the auditor based on their assigned specialized PREA responsibilities. There was 17 specialized staff interviews conducted. Those specialized staff interviewed included: (1) District Administrator; (1) Agency Contract Administrator; (1) PREA Manager; (1) Agency Head Designee; (1) PREA Site Coordinator; (2) Incident Review Team Member; (1) Contract Staff; (2) Intermediate or higher supervisor; (1) Staff who perform screening for risk of victimization and abusiveness; (1) Investigative Staff; (1) Designated staff member charged with monitoring retaliation; (1) Senior Officer Support Assistant (Human Resource); (1) SANE/SAFE Nurse; (2) Intake Staff. SJCSC does not have any volunteers assigned. There was no security staff (PPAs) and or non-security staff (PPOs) who have acted as first responder at SJCSC. However all staff to include Probation and Parole Officers may serve as a First Responder. All staff interviewed was knowledgeable of the agency's zero tolerance of sexual abuse and sexual harassment.

The PREA Site Coordinator provided the auditor and auditor support staff personnel with housing unit rosters that identified residents and a list of residents within the facility for interviews. The resident base count was 26 during the site visit on May 29, 2018. Fifteen residents were available during the site visit to complete random interviews with the auditing team. There were no residents at SJCSC who were identified as meeting the following categories: Residents who identify as Lesbian, Gay, or Bisexual; Residents who identify as Transgender or Intersex; Residents Who Reported Sexual Abuse; Residents Who Reported Sexual Victimization During Risk Screening; Resident identified as Limited English Proficiency; Residents with any Disabilities. Residents interviewed were knowledgeable of the agency's zero tolerance of sexual abuse/harassment and the procedures for reporting.

MDOC publishes their investigative policy on its website www.doc.mo.gov/OD/PREA.php. The site gives an overview of their PREA Policy and provides additional information by clicking on the topic hyperlink.

At the conclusion of the on-site visit, an exit meeting was held to discuss the audit findings on May 29, 2018. The following individuals were in attendance: PREA audit team; District Administrator Dale Good; PREA Manager Vevia Sturm, and PREA Site Coordinator, Lonnie Hamilton.

The auditor explained the process that would follow the on-site visit. The auditor also explained that any standard findings of "Does Not Meet" during the audit would require corrective action and a possible

follow-up visit to determine compliance. Finally, the auditor acknowledged the willingness of all staff involved to accomplish PREA compliance and advised the PREA team of their requirements to post the final report on the agency/facility website once completed

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the resident, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The St. Joseph Community Supervision Center is located at 3305 Faraon, St. Joseph, MO 64506. The SJCSC shares one large building with MODC District 1 Probation and Parole Officers. Probation and Parole Officers are not considered facility staff of SJCSC. They are responsible for their individual resident caseloads and do not supervise the residents while assigned at the facility. Residents are prohibited from entry into the Probation and Parole Office area without proper staff authorization and staff escort. Additional areas within the building include a clerical area, administrative staff offices, programming offices, classrooms, kitchen, dayroom, front lobby, and control room. An indoor and outdoor common area is also available.

The SJCSC is used to confine residents who have never been to prison and are assigned to the Community Supervision Center as an alternative to incarceration or as a consequence to a rule violation, or an inability to meet the requirements of probation or parole. Residents are also those who have been in prison and are in the process of returning to the community, or have already been released to the community and have violated a rule or condition of their parole.

MDOC administration has done a phenomenal job in designing the layout of the 41 cameras throughout the facility. These cameras are monitored 24/7 by PPAs assigned to the control center. Staffs have the capability of monitoring all cameras at once. Camera placement prevents blind spots inside the building, and provides constant observation of entry doors and the outer perimeter. Movement is limited throughout the facility that isn't controlled by key entry, keypad accessibility and/or the operation of doors by the control center staff.

There dormitory housing areas. One is assigned to the male population with a capacity rate of 52 beds. The female dormitory has a capacity rate of 8 beds. Twenty-six male residents were assigned at the facility during the site visit. There were zero females assigned at the facility during the site visit. Single stall restrooms and showers are available to the residents within their housing unit. A laundry area is also provided in both dormitories. An additional toilet and shower area is located in an area across near the control center. This area is utilized to conduct authorized searches or as a holding area pending the arrival of local law enforcement as needed. The established floorplan design, operational practice and procedures, prevents interaction between the male and female residents unless authorized by staff under direct supervision.

Summary of Audit Findings

*The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.*

Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of Standards Exceeded:

115.215; 115.216; 115.217; 115.231 4

Number of Standards Met: 39.

t
115.211; 115.212; 115.213; 115.214; 115.218; 115.221; 115.222; 115.232 115.233; 115.234;
115.235; 115.241; 115.242; 115.243; 115.251; 115.252; 115.254; 115.261; 115.262; 115.263;
115.264 115.265; 115.266; 115.267; 115.268; 115.271; 115.272; 115.273; 115.276; 115.277;
115.278; 115.281; 115.282; 115.283; 115.286; 115.287; 115.288; 115.289

Number of Standards Not Met: 0

None

Summary of Corrective Action (if any)

None

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual

abuse and sexual harassment? ☒ Yes ☐ No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Department of Corrections Procedural Manual D1-8-13 Offender Sexual Abuse and Harassment; Resident Handbook; Director's Office Organization Chart, St. Joseph Community Supervision Center PREA Standard Operating Procedure and duties of the PREA Manager and PREA Site Coordinator, it was determined St. Joseph Community Supervision Center meets the mandate of this standard. SJCS and MDOC have written policies and procedures in place to support the agency's mission, and goal of maintaining a zero tolerance of sexual abuse and sexual harassment. The policies provide an outline of required practice in the agency's approach to preventing, detecting, and responding to allegations of sexual harassment or sexual abuse. The policy includes definitions of prohibited behaviors regarding sexual assault and sexual harassment of residents with sanctions for those found to have participated in these prohibited behaviors.

Policies identify the Agency's strategies and responsibilities to detect, reduce and prevent sexual abuse and sexual harassment of residents. During interviews with the selection of random staff and specialty staff, each confirmed receiving PREA training and was knowledgeable of their responsibilities in regards to the Agency PREA policy. Those individuals interviewed shared their understanding of the

agency's zero tolerance in sexual abuse and sexual harassment within the guidelines of the PREA standards. PREA posters and literature describing the agency's zero tolerance of sexual abuse and sexual harassment were observed by the auditor strategically located and accessible throughout the facility for staff and residents' awareness.

The OPS PREA Manager is a position assigned by the Agency Director to coordinate the Agency's statewide compliance with PREA. In an interview with the PREA Manager, she confirmed that her time is exclusively devoted to ensuring compliance with all PREA standards and ensure the prevention of sexual abuse and sexual harassment. In 2013, the PREA Manager chartered 16 interagency teams to assist with developing a plan to implement PREA standards in the policies and practices of DMOC facilities. Each team was assigned specific standards, and tasked with reviewing current policy and practice, identifying best practices and developing a plan for implementation. The plan was forwarded to the PREA Manager and her oversight team for review. Once the plan approved, the PREA Manager, with support of executive staff, ensured each plan was implemented through the MDOC system. A Deputy Warden or above is responsible for ensuring PREA standards are maintained with Adult Institutions. Unit Supervisors are responsible for ensuring PREA standards in Community Supervision Centers and the Transitional Center. Effective communication is routinely maintained through phone calls, memorandums, emails, training, and meetings to discuss policy updates, new initiatives and any issues of concerns.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) ☒ Yes ☐ No ☐ NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA

standards.) ☒ Yes ☐ No

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The Missouri Department of Corrections has contracts for the confinement of offenders/residents with four Residential Facilities, Schirmer House, Reality House, Metropolitan Employment Rehabilitation Services, (MERS Goodwill), and Heartland Center for Behavior Change (HCBC). These contractors do not provide services to St. Joseph Community Supervision Center. A copy of the contracts was provided and it is determined there is a PREA acknowledgement and requirement in each contract.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? ☒ Yes ☐ No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
☒ Yes ☐ No

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: PREA Yearly Staffing Report; Annual PREA Report; Staff Schedules and Memo to File, there have been no deviations to the staffing plan, it was determined St. Joseph Community Supervision Center meets the mandate of this standard. SJCSC has established a staffing plan which provides for adequate levels of staffing and where applicable, use direct monitoring to protect residents against sexual abuse. The facility has a capacity rate of 60 residents. The staffing plan is designed for 30 residents and the facility has maintained a daily average of 33.3. An interview with the PREA Manager indicated the staffing plan is evaluated every year. The staffing plan is forwarded to her each year by the end of March at which time she provides input. Copies of the staffing plan was provided for the auditing team's review and determined to meet all the standards of this standard. The facility's video monitoring is supported by 41 cameras positioned throughout the facility. Review of video monitoring confirmed the residents' privacy during showering, use of toilet, change of clothes and performance of bodily functions was not observant to staff during video monitoring. The facility is designated for both adult males and female residents. Both female and male staff is assigned to each shift. The physical layout of the facility and operational procedures ensures no interaction between the female and male residents. Interviews with the PREA Site Coordinator and District Administrator each confirmed staff schedules are adjusted and/or overtime is always paid in lieu of vacating a required critical assigned Probation and Parole Assistant Post. There were no deviations noted to have occurred to critical staffing positions. However, any deviations would be documented and the reasons for the deviation would be noted.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
☒ Yes ☐ No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
☒ Yes ☐ No ☐ NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents)
☒ Yes ☐ No ☐ NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches of female residents? ☒ Yes ☐ No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? ☒ Yes ☐ No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8-13 Offender Sexual Abuse and Harassment; Board of Probation and Parole Manual P4-4.13 Searches; SJCS Search Policy; SJCS Cross Gender Viewing SOP; Resident Handbook and MDOC Lesson Plan on Searches; Training log of Staff Training; Interviews with Supervisory Staff, Random Staff, and Random Residents, St. Joseph Community Supervision Center exceeds in meeting the mandate of this standard. Facility staffs are prohibited from conducting cross-gender pat searches, strip searches or cross gender visual body cavity searches. The department and the facility prohibit cross gender pat searches on female residents and prohibits all cross gender visual body cavity searches or strip searches. The staffing plan ensures that both male and female PPAs are on duty each shift. Under circumstances that a search is required on resident in which a staff member of that sex is not on duty, the search will be delayed until the arrival of the same sex staff member or the arrival of a same sex local law enforcement officer to conduct the search. Individual shower stalls have appropriate shower curtains or doors that enable residents to shower, perform bodily functions, and change clothing without staff of the opposite gender viewing their breasts, buttocks, or genitalia. Prior to entry into the housing area of residents, staff of opposite gender are required to announce their presence when entering an area where residents are likely to shower, change clothes or perform bodily functions. Documentation of staff entry is logged into Chronological Log noting the date, time staff person entered the area and area entered. Observation of this procedure and a review of the chronological log were conducted by the auditing team confirmed log entries are made each shift. Policy prohibits staff from physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status. The determination of transgender and/or intersex residents genital status may be obtained during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. Procedures for conducting cross-gender searches, transgender, intersex, or gender unknown searches are outlined in the Division Institutional Searches Lesson Plan. All staff interviewed acknowledged receipt of training and their understanding of such PREA training and was confirmed through a review training documentation. A review of their completed training by their signature confirmed receipt of training. Staff provided the auditor with verbal instructions on conducting cross-gender searches. Staff confirmed these searches of transgender or intersex residents, must be conducted in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. No transgender or intersex residents were assigned to the facility during the site visit. Therefore, no interviews were conducted with intersex or transgender residents.

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No

- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of: MDOC Policy D1-8.13; MDOC Lesson Plan for Special Needs and Translation Service Contract, PREA Pamphlets; PREA Sexual Abuse Brochures in multiple languages; Interviews with (Intake) staff and Random Staff, St. Joseph Community Supervision Center exceeds in meeting the mandate of this standard. SJCS takes steps and has policies that ensure residents with

disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. SJCSC provides residents with materials which are available in a variety of languages to include English, Spanish, Chinese (Traditional), Japanese, Large Print-Braille, Russian, Serbo Croation, and Vietnamese. PREA posters and educational materials are provided in English and Spanish. Residents who are deaf are provided PREA information thru written form, i.e. PREA guidelines, Education Brochures and Videos with subtitles. Residents who are blind are provided an audio version in either English or Spanish. PREA Videos are available with subtitles. Interviews with random staff confirmed the facility does not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise a resident's safety, the performance of first responder duties, or the investigation of a resident's allegations. Residents with disabilities and/or limited English proficient were not assigned at SJCSC during the site visit for interview.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? ☒ Yes ☐ No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MDOC Directive D1-8.13, Offender Sexual Abuse and Harassment; Directive D2-2.2, Background Investigations; D2-2.8 Promotional Appointment; D2-2.10, Re-Employment Appointment; D2-13.1, Volunteers; D2-13.2, Student Interns; PREA Hiring Checklist; Background Checklist for Contractors; D1-5.1 Maintenance of Employee Records; D2-5.1 Maintenance of Employee Records; Interviews with District Administrator, Senior Office Support Assistant (Human Resource), PREA Manager, District Administrator, Chief State Supervisory Probation and Parole and additional memorandums and personnel forms provided, St. Joseph Community Supervision Center exceeds in meeting the mandate of this standard. Before hiring new employees, human resources staff or designee perform a criminal background records check and contact all prior institutional employers, when possible, for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse in accordance with the depart procedure regarding background investigation. Prior to approval of a promotional appointment, regardless of the salary range, a check is conducted of the employee's official personnel file through central office human resources. The check is performed to ensure the employee has received no formal discipline for sustained allegations of sexual abuse and/or harassment or any information indicating any pending or adjudicated criminal charges. All sustained allegations are considered by the department before an employee is promoted. Backgrounds checks are conducted on the first day of the staff's member birth month. A check is also conducted on the staff's member driver license every year. The background checks are conducted through the Missouri State Highway Parole (MULES) that provides information collected Nationwide. The Application for Employment require applicants to report all work history in prison, jail, lockup, community treatment centers, halfway house, restitution center, mental facility,

alcohol or drug rehabilitation center, juvenile facility or other correctional facility (public or private). The applicant must also report if they were terminated or otherwise disciplined or counseled for sexual contract with or sexual harassment on an inmate, detainee, or resident of the facility. Applicants must certify the information provided is correct to the best of their knowledge and understand that falsification of the information is grounds for disqualification from the selection process or dismissal from employment. All employees and contractors are required to report any subsequent arrest to their immediate supervisor before reporting for duty. In accordance with D2-5.1 Maintenance of Employee Records, Released for Closed Information: Verification of information, other than public information will be made with a written authorization from the employee. Verification may include inquiries from prospective institutional employers pertaining to sustained allegations of sexual abuse and/or harassment of a resident during employment by the department. Such information will be obtained by contracting central office human resources. Confirmation of compliance with this standard was supported during staff interviews, review of completed applications and background checks.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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SJCSC has not designed nor acquired a new facility or planned any substantial expansion or modification to the existing facility. However a security enhancement and the elimination of a blind spot was created in the male resident restroom by the installation of a secured cage blocking the entry of an unauthorized area and the addition of a mirror for staff viewing during routine rounds prior to entry. This project was completed in April 2018. This accomplishment was a great asset to the facility. SJCSC meets this standard.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
☒ Yes ☐ No ☐ NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? ☒ Yes ☐ No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? ☒ Yes ☐ No
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination

issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.8, Evidence Collection; Directive D1-8.13, Offender Sexual Abuse and Harassment; Memorandum of Understanding (MOU) with Young Women Christian Association (YWCA); D1-8.1 Office of Professional Standards; St. Joseph Community Supervision Center meets the mandate of this standard. The MDOC is responsible for conducting all criminal and administrative investigations within the agency. Investigations are conducted by the Agency's OPS PREA Unit. The Directives for Offender Sexual Abuse and Harassment outline evidence protocols for administrative investigations and criminal prosecutions. SJCS utilizes MOSIAC Life Care Hospital to conduct all protocols and forensic medical examinations. The facility has a MOU with the YWCA to provide advocacy to all victims. An advocate is provided to the resident upon request through the YWCA to provide emotional support through the forensic medical examination and investigation interviews. As soon as possible following the victimization, the YWCA advocate will be called and asked to meet the victim at the hospital where the victim will be transported to. Emergency healthcare as well as forensic examinations by SANE/SAFE staff are provided at the outside facility with no cost to the resident. Interviews were conducted with an OPS Investigator who is responsible for responding to incidents of sexual abuse/sexual assault. The investigator was knowledgeable of the sexual assault investigative process, evidence collection protocols, and use of the Sexual Abuse Checklist. Interviews with the District Administrator, PREA Site Coordinator and OPS Investigator and representative from YWCA, all confirmed these services are available to all victims of sexual abuse upon request. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. A copy of correspondence from the PREA Manager to the local law enforcement Sheriff Office was provided for review by the auditing team. The correspondence noted that the MDOC in accordance with Prison Rape Elimination Act, the Department must requests that investigative agencies that conduct PREA investigations within their facilities adhere to PREA Standard 115.21 Evidence protocol and forensic medical examinations as required by the PREA

standards of the uniform evidence protocol. There were no residents assigned at SJSCS who reported sexual abuse to interview in regarding to the process completed.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
☒ Yes ☐ No ☐ NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.1, Investigative Unit Responsibilities and Activities; D1-8.13 Offender Sexual Abuse and Harassment; PREA Event Checklist, D1-8.1 Office of Professional Standard; Interviews the OPS Investigator, it is determined that St. Joseph Community Supervision Center meets the mandate of this standard. All allegations of offender sexual abuse and/or harassment, including third party and anonymous reports, are required to be immediately forwarded to the shift supervisor to initiate the coordinated response as outlined in the resident sexual abuse and harassment procedure. MDOC Directives requires an administrative and/or criminal investigation is completed for all allegations of sexual abuse/harassment. Within two business days of receipt of a sexual abuse/sexual harassment, the OPS PREA Unit determines if the allegations meet PREA definitions or if additional information is needed.

When an OPS Investigator conducting the investigation believes there is probable cause that a criminal act has been committed in a resident related case, The Chief Administrative Officer (CAO), will determine whether law enforcement should be contacted to complete the investigation. If law enforcement declines to investigate the incident, the trained OPS Investigator will complete the investigation and processing of the incident. If the investigation determines that a criminal act has occurred, the CAO shall refer the incident to the appropriate prosecutor's office for consideration. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website. All referrals for such allegations will be documented in accordance with the coordinated response to offender sexual abuse located on the department's intranet website. When outside agencies investigate sexual abuse, staff members will cooperate with outside investigators and will make an effort to remain informed about the progress of the investigation. The PREA Manager will request all responsible Sheriff Departments follow PREA standards when conducting offender sexual abuse investigations. All administrative and criminal Investigations of sexual abuse or sexual harassment is entered into the COIN (Corrections Information Network) system within the MDOC. Administrative and criminal investigation reports will be retained for 90 years from the completion of the investigation and in accordance with the department procedure regarding records retention. Investigative staff confirmed this practice during the interview process.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?
☒ Yes ☐ No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

115.231 (c)

- Have all current employees who may have contact with residents received such training? ☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: Directive D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan for Basic PREA Training; MDOC Lesson Plan PREA: Working with Female Offenders; MDOC PREA Refresher Training, and Signed PREA Training Acknowledgement forms, St. Joseph Community Supervision Center exceeds in meeting the mandate of this standard. MDOC mandates PREA training that addresses all PREA requirement including their zero tolerance policy, the agency's policy and procedures for prevention reporting and response to a sexual assault and/or sexual harassment in a confinement setting, common reactions of sexual abuse and harassment victims, how to detect and respond to signs of threatened and actual sexual abuse, how to avoid inappropriate relationships with residents, how to communicate effectively and professionally with residents, and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

PREA training is completed by all new employees during their initial training. A two hour PREA refresher training course covering Sexual Abuse Prevention and Response is required every two years. Additionally, training is provided to staff routinely through emails, web-based, and staff meetings. SJCSC provides training tailored to the gender of the male and female residents and includes training that includes the search of transgender and intersex residents. Interviews with random and specialized staff each confirmed they were very aware of their responsibilities to protect victims, respond to allegations made and refer reports for further investigation. Staffs are provided with a pocket card identifying their mandate to report all allegations pertaining to sexual abuse and sexual harassment of offender and how to report these allegations. A review of staff training records acknowledging receipt and understanding the PREA training was provided for review by the auditing team.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13, Offender Sexual Abuse and Harassment; Handout for Volunteers and Contractors; MDOC Lesson Plan – PREA Module for Volunteers and Contractors; and Training Acknowledgment Forms signed by Contractors and Volunteers, Missouri Department of Corrections Sexual Misconduct and Harassment Annual Guide for Staff, Volunteers and Contractor, St. Joseph Community Supervision Center meets the mandate of this standard. SJCSC had zero active volunteers during this audit period. SJCSC has 15 contract workers employed through the St. Joseph School District, various vendor services, and janitorial services. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. The level and type of training provided to the contractors and volunteers is based on the level of contact with them. Volunteers, vendors and contractors, including but not limited to vending and exterminators entering the building are continuously escorted by Probation and Parole Assistants throughout the facility during the times they are required to be in the facility. At no time, would they be alone in an area where residents would have access. PREA training provided to volunteers and contractors includes the agency's policy and procedures regarding sexual abuse and sexual harassment prevention, detention, reporting, and response including zero tolerance. All contractors, volunteers receive PREA training specific to their classification as determined by the appropriate Division Director and Chief of Staff Training. Upon completion, they acknowledge by acknowledged by of training received and the understanding of such training. The contractor's training records was reviewed and indicated the training received and acknowledged as being understood. One contract staff was available for interview during the site visit. No volunteers were available for interview during the site visit.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No

- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? ☒ Yes ☐ No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? ☒ Yes ☐ No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? ☒ Yes ☐ No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? ☒ Yes ☐ No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Victim/Abuser Protocol; SJCSC Resident Handbook; Resident Orientation Sign-in Sheets; PREA Posters and Pamphlets, and Interviews with Random and Targeted Residents, St. Joseph Community Supervision Center meets the mandate of this standard. SJCSC ensures all incoming residents receive PREA training on the day of arrival during the intake process. The intake screening is conducted by one of the PPAs. The Agency's policy requires staff to provide the initial PREA training to residents within three hours of their arrival to the facility. At reception, residents are provided a PREA pamphlet and resident handbook which explains the agency's zero tolerance policy regarding sexual abuse and sexual harassment and how to report incidents to include a hotline number and various address to write. The facility has two PREA videos that are shared with the resident's during the PREA training process. The male resident population is presented with the video titled "Speaking Up." The female resident population is presented with a PREA video titled "It is a new day." Resident education is documented for each resident and maintained in the residents file. Random interviews with (15) residents confirmed they received PREA information during intake within the first hour of their arrival. Additionally, PREA information is posted in all housing and common areas and is accessible to the resident population which provides residents with a continuously and readily availability of PREA education resources. Each resident reference the PREA posters throughout the facility, PREA literature received and observance of the PREA video as receiving PREA education during interviews.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Missouri Department of Corrections policy D1-8.13, Offender Sexual Abuse and Harassment; MDOC Lesson Plan – Special Investigator Training; Training Acknowledgement for Investigators; Interview with the OPS Investigator, St. Joseph Community Supervision Center meets the mandate of this standard. OPS Investigators are assigned to conduct sexual abuse allegations and/or sexual harassment within the MDOC. These Investigators are required and have received specialized training for conducting sexual abuse/harassment investigations in confinement settings. The OPS Investigators complete a 40 hour course that includes PREA Specialist Investigative Training at the Central Office in Jefferson City, MO. This training includes techniques for

interviewing sexual abuse victims, proper use of the Miranda and Garrity warnings, sexual abuse evidence collection in confinement setting, and the criteria and evidence to substantiate a case for administrative action or prosecution referral. Documentation of the mandatory training received by the 10 OPS Investigators throughout the Agency, who are authorized to conduct sexual abuse/harassment investigations, was reviewed by the audit team. The OPS Investigator articulated the training provided to all investigators during the interview process.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? N/A if agency medical staff at the facility do not conduct forensic exams.) ☒ Yes ☐ No ☐ NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? ☒ Yes ☐ No

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? ☒ Yes ☐ No

- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

St. Joseph Community Supervision Center does not employ full time, part time, or volunteer medical or mental health personnel. All medical care for residents at SJCSC is provided by Mosiac Life Care Hospital. Mental health services are provided within the local community at the Family Guidance Center and Young Women Christian Association. However, in accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment, the Agency meets the mandate of this standard. Medical and mental health staffs are required to receive annual specialized PREA training.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? ☒ Yes ☐ No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
☒ Yes ☐ No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
☒ Yes ☐ No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? ☒ Yes ☐ No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? ☒ Yes ☐ No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? ☒ Yes ☐ No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
☒ Yes ☐ No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? ☒ Yes ☐ No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? ☒ Yes ☐ No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
☒ Yes ☐ No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? ☒ Yes ☐ No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; MDOC Board of Probation and Parole Directive P4-4.2 Community Supervisions Centers Risk Screening; Completed Risk Screening Form, and Assessments for At Risk Victim/Abuser; Interviews with Staff Who Perform Screening for Risk Victimization and abusiveness, and PREA Site Coordinator, St. Joseph Community Supervision Center meets the mandate of this standard. Policy stated the resident shall be assessed utilizing the Risk of Victimization and Abusiveness Screening Tool to identify those at risk for being sexually abusive or sexually abuse. The initial screening shall be completed within 72 hours of the resident's arrival at the facility. The initial screening is processed by the PPAs. Within 30 days from the date of the initial assessment and at any other time when warranted based upon the receipt of additional relevant information or following an incident of abuse or victimization. Interviews with Intake Staff and residents indicated the risk screening assessments are conducted within the first hour of the resident's arrival. The screening instrument includes whether the resident has a mental, physical, or developmental disability, the age and physical build of the resident, previously incarceration history, whether the resident's criminal history is exclusively nonviolent, prior convictions for sex offenses, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, past sexual victimization, self-perception of vulnerability and civil immigration status. Staff reassesses the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility to ensure any concerns with the resident's safety is addressed. Information obtained during the initial assessment and reassessment is placed in the resident's classification file. These files are accessible to identified authorized staff only. A review of the screening forms, confirmed inconsistencies in days in which the reassessment of residents was conducted. These inconsistencies included reassessments being conducted between three days and thirty days of the resident's arrival. The auditor noted that although the standard does not identify the numbers of days required between the assessments, the intent of the standard is not to conduct the reassessment prior to two weeks of the initial assessment.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? ☒ Yes ☐ No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? ☒ Yes ☐ No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? ☒ Yes ☐ No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of: D1-8.13 Offender Sexual Abuse and Harassment; Board of Parole Protocol for Community Supervision Centers; and Committee Minutes for Transgender/Intersex Committee, PREA Risk Screening; PREA Assessment for At Risk Victim/Abuser; Chore List; Bunk Assignment SOP, Interviews with Staff, St. Joseph Community Supervision Center meets the mandate of this standard. The SJCSC has one dormitory unit for male and one dormitory unit for female residents. Residents at high risk of being sexually abusive are assigned in the front of the dormitory and separate from residents who are identified at high risk of being sexually abused. Video monitoring within the dorms provides additional observation to ensure safety of all. SJCSC uses information from the risk assessment to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. Information obtained during the screening is used by staff to make individualized determinations about how to ensure the safety of each resident. Transgender or intersex resident's housing is considered on a case-by-case basis, placement considers the residents health and safety, and whether the placement would present management or security problems. The average length of a resident's stay at SJCSC is 37.9 days. However, on the rare occasional a resident stay is longer; the resident will be assessed twice within a year and is always reassessed as needed upon receipt of additional information as needed. Transgender or intersex resident's own view with respect to his or her own safety is given consideration. Transgender and intersex residents are given the opportunity to shower separately from other residents. SJCSC does not place lesbian, gay, bisexual, transgender, or intersex residents in a dedicated unit based solely on identification or status. There no residents at the facility identified as gay, transgender, and intersex. Therefore, none was available for interview during the site visit.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No

- Does that private entity or office allow the resident to remain anonymous upon request?
☒ Yes ☐ No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the Employee Handbook; Resident Handbook; PREA Posters and Brochure; PBCSC Coordinated Response Plan; MOU with Department of Public Safety, and MDOC D1-8.9 Crime Tips and PREA Hotline MDOC D1-8.13 Offender Sexual Abuse and Harassment; MOU with the YWCA, St. Joseph Community Supervision Center meets the mandate of this standard. A variety of procedures have been established both internally and externally that allows the residents to report sexual abuse and assault. Residents receive a copy of The Resident Handbook during the intake process which advises residents they can report internally by reporting by submitting a note (kite) in the complaint box located in the day room, and/or contact any staff member verbally or in writing. External methods include reporting to the MDOC PREA Unit, the YWCA at 304 North Eighth Street, St. Joseph, MO (816) 232-4481, or by writing to the Department of Public Safety, Crime Victims Services Unit, at P. O. Box 749, Jefferson City, MO 65102. PREA posters are posted throughout the facility which informs the residents of reporting options. Reports to an external organization may be made confidentially and remain anonymous upon request. Residents may also report allegations to third parties who in turn

would contact the MDOC concerning the allegations. All allegations, including anonymous allegations, are investigated. Telephones at the facility are not equipped to be monitored. Therefore, an additional method of privately reporting sexual abuse/harassment is available to the residents. SJCSC does not house residents solely for civil immigration offenses. Interviews with random staff, and random residents confirmed their knowledge on methods for residents and staff to report any and all allegations of sexual abuse and/or harassment verbally and/or in writing both internally and externally. An interview with the OPS Investigator confirmed all allegations reported to include anonymous and third party would be investigated in accordance to MDOC policy and the PREA standards. An available method for reporting sexual abuse/harassment allegations that is accessible to residents and the public is through the Agency's website at <http://doc.mo.gov/OD/PREA.php>.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No ☐ NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with Missouri Board of Probation and Parole P7-1.7 Complaints and Investigations; Resident Handbook; MDOC D1-8.13 Offender Sexual Abuse and Harassment; MDOC D5-3.2 Offender Grievance SJCS outlines the Administrative Remedy process and meets the mandate of this standard. Residents are informed of the grievance process during orientation. Residents will not be required to use any informal grievance or complaint process. Residents will not have a time limit imposed for submitting a grievance related to an allegation of sexual abuse. Residents will not submit

a complaint to a staff member who is the subject of the complaint. Agency policies and procedures require a decision on the merit of any grievance or portion of a grievance alleging sexual abuse to be made with 90 days of filing the grievance. Staffs are required to notify the resident in writing when the Agency files for an extension, including notice of the date by which a decision will be made. MDOC authorizes assistance for filing these grievances by third parties, to include other residents, family members, friends, attorneys, and outside advocates. The Agency policies also address the resident's opportunity to file an emergency grievance alleging they are a subject to a substantial risk of imminent sexual abuse. Under these circumstances, the Agency is required to issue a response to the resident within 48 hours upon receipt of the grievance and a final decision must be issued within 5 days. There were no grievances filed at SJCSJ since the previous PREA audit in July 2016. However, an interview with the PREA Site Coordinator confirmed his knowledge of the Agency's policy of filing administrative remedies in regards to allegations of sexual abuse/harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA advocacy poster; Resident Handbook; MOU with Missouri Department of Public Safety; Interviews with PREA Compliance Manager, St. Joseph Community Supervision Center meets the mandate of this standard. SJCSC has a MOU with YWCA to serve as an Advocate Center. The agreement outlines the services provided by the programs as: follow-up with residents who make direct contact seeking rape crisis services via telephone or mail or requested through MDOC; maintain active, confidential communication with MDOC staff in order to facilitate treatment for resident victims, consistent with the victim's right to confidentiality; to provide in person follow-up rape crisis counseling and emotional support services at the facility; and must be willing to participate in training to advance the goals and program objectives with MDOC. This information is posted in the housing areas near the unit phones. During interviews with random residents and random staff each was knowledgeable of the residents' access to advocacy groups within the community for support services. Residents are provided with addresses and phone numbers to national sexual abuse agencies at the Just Detention International 3325 Wilshire Blvd., Suite 340 Los Angeles, CA 90010 (800) 223-5001, and Rape, Abuse and Incest National Network (RAINN) 1220 L Street NW, Suite 505 Washington DC 20005 (800) 656-HOPE (4673). Letters to the aforementioned addresses are confidential and not subject to examination by staff. This information is posted throughout the facility accessible to the resident and staff population. All staff and residents interviewed were knowledgeable of the residents' access to advocacy groups within the community for support services.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of the MDOC PREA Policy Web Page (<http://www.doc.mo.gov/OD/PREA/PREA.php.html>); Interviews with Random Staff and Random Residents, St. Joseph Community Supervision Center meets the mandate of this standard. The PREA link on the website provides information on third party reporting of alleged PREA incidents. The information on the web site encourages third parties to report allegations to the PREA Unit Missouri Department of Corrections at 2728 Plaza Drive, Jefferson City, MO 65109, via email at DOC.PREA@doc.mo.gov, or via phone at 573-526-9003. The information is included in the PREA brochures which is provided to each resident and posted throughout the facility. Interviews with staff and residents confirmed their awareness of various third party reporting methods for individuals to include family and friends to report allegations of sexual abuse and/or sexual harassment.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?
☒ Yes ☐ No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? ☒ Yes ☐ No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; Chapter 217 MDOC Revised Statutes KCSC Coordinated Response Protocol and Interviews with Random Staff; Random Residents, SJCSJ meets the mandate of this standard. In accordance policy and interviews conducted with random staff, all staff is required to immediately report and document any knowledge or suspicion of violation of this standard to include those by third-party and/or anonymous reported to their immediate supervisor or higher ranking staff. Failure to report resident sexual abuse is a Class A Misdemeanor. All staff members, volunteers, and contractor are to immediately report any knowledge, suspicion, or information regarding an incident of sexual of sexual abuse/harassment that occurred in a facility and any knowledge of retaliation against residents or staff who reported such an incident and in addition to any staff member neglect or violation of responsibilities that may have contributed to an incident or retaliation in accordance with the procedure. Staffs are prohibited from discussing information related to sexual abuse reports with anyone other than those to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions. There is no medical or mental health service provided at the SJCSJ. SJCSJ does not employ full or part-time medical or mental health staff. Therefore, medical and mental health services are not provided at SJCSJ. These services are provided within the local community and are required by Federal, State, local law to report sexual abuse. SJCSJ does not house residents under the age of 18.

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment MDOC Board of Probation and Parole Manual Directive P4-4.2 MDOC Directive D5-3.2 Offender Grievance; Interviews with District Administrator, PREA Site Coordinator, PREA Manager, and Random Staff, St. Joseph Community Supervision Center meets the mandate of this standard. Policies and the PREA training delivered to staff outline the immediate steps that are to be taken to protect residents with a substantial risk of sexual abuse. Staff interviews indicated the SJCSC has had no incidents where a resident was deemed at substantial risk of imminent sexual abuse. However, staff was aware that the resident would be immediately moved to an area of the facility away from other residents, such as an interview room, until appropriate actions could be taken to provide safe and appropriate housing.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

115.263 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment ST. Joseph Community Supervision Center meets the mandate of this standard. MDOC policy require upon receiving information that a resident has been sexually abused while assigned at another department facility, the coordinated response for residents sexual abuse will be immediately initiate. If the alleged abuse occurred at a facility outside the department, the notification checklist will be forwarded to the PREA Manager. The PREA Manager will ensure notification to the facility is made with 72 hours. The PREA Manager will document the notification made. Interviews with the PREA Site Coordinator, District Administrator, and OPS Investigator, confirmed their responsibly when becoming aware of such incidents. There were no PREA notifications made to or from other Community Supervision Centers and/or correctional facilities that met the requirements of PREA notifications in this standard in the last 12 months of the PREA audit.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; First Responder Checklist; MDOC Lesson Plan on Coordinated Response; SJCSO Coordinated Response Protocol; Interviews with Random Staff, District Administrator, PREA Site Coordinator, PREA Manager, St. Joseph Community Supervision Center meets the mandate of this standard. Staff identified as the first responder is to immediately notify their immediate supervisor. The Shift Supervisor will make further notifications. The SJCSO Coordinated Response Protocol outlines the first responder's steps to separate the alleged victim and abuser; preserve and protect the crime scene; and request the alleged victim and alleged abuser take no action to destroy evidence. Incident review information is available for staff reference when responding to allegations of sexual abuse/harassment. All staffs are issued First Responder Duties/How to Report Sexual Abuse Cards which provide details to follow as a first responder. Random staff, specialized staff, and a contractor, articulated their knowledge and responsibility in the steps to follow as a first responder.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of the SJCSC PREA Coordinated Response Plan and First Responder Notification Checklist, and MDOC Lesson Plan for First Responders, St. Joseph Community Supervision Center meets the mandate of this standard. The PREA Coordinated Response Plan coordinates the actions taken in response to an incident of sexual abuse among first responders, security, facility leadership, and victim advocates. A checklist form is utilized to ensure all steps are properly completed and appropriate notifications are made in a timely manner. Interviews with staff indicate that each were aware of their specific responsibilities under this plan. Established folders containing the PREA Coordinated Response Plan detailing actions to taken in response to an incident of sexual abuse are located in the PPAs' Office for referencing.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with MDOC Directive D2-11.6 Labor Organizations; MDOC and SEIU Labor Agreement, ST. Joseph Community Supervision Center meets the mandate of this standard. NEW AND/OR RENEWAL OF COLLECTIVE BARGAINING AGREEMENTS: Per the Prison Rape Elimination Act, the department shall not enter into or renew any collective bargaining agreements or other agreements that limit the department's ability to remove alleged staff sexual abusers from contact with any offender or resident pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted. An interview with the Director of Office of Professional Standards confirmed the Agency has not entered into any new agreements or renewal with collective bargaining. A staff member representing collective bargaining staff confirmed the noted bargaining agreement.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? ☒ Yes ☐ No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
☒ Yes ☐ No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
☒ Yes ☐ No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC D1-8.13 Offender Sexual Abuse and Harassment, and MDOC PREA Retaliation Checklist, Interviews District Administrator, PREA Manager, and Staff Assigned to Monitor Retaliation (PREA Site Coordinator), St. Joseph Community Supervision Center meets the mandate of this standard. Retaliation Monitoring is assigned to the PREA Site Coordinator to monitor staff and residents to report allegations of sexual abuse/harassment or fear retaliation for cooperating with an investigation of sexual abuse/harassment with the exception of those determined to be unfounded. STCSC reported no allegations of sexual abuse/harassment since the last PREA audit in 2016. Therefore, no retaliation monitoring was required. However, interviews with the PREA Manager, District Administrator, and PREA Site Coordinator confirmed they were aware of the monitoring requirements within this standard. Specifically, each articulated the monitoring process includes individually meetings with the staff member and/or resident would be conducted every 30 days up to 90 days and longer if necessary. These meetings are documented. Policies and checklist provides multiple protective measures to ensure the safety of the resident that includes housing changes or transfers for the victim or abuser, removal of the alleged staff member or resident abuser from contract with the alleged victim, and emotional support services for residents or staff who fear retaliation. Staff monitors a resident's disciplinary reports, housing, or program changes, and any negative performance review or reassignments given by staff. In investigative cases where a resident is released to a field probation and parole officer, monitoring will stop and if released to a community confinement facility monitoring will continue.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? ☒ Yes ☐ No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? ☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? ☒ Yes ☐ No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? ☒ Yes ☐ No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? ☒ Yes ☐ No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.1 Office of Professional Standards, Interviews with OPS PREA Manager, OPS Investigator, and District Administrator, St. Joseph Community Supervision Center meets the mandate of this standard. The investigative process was articulated by the OPS Investigator, and PREA Manager confirming investigators follow a uniform evidence protocol during the investigations of sexual abuse and sexual harassments that meets all mandates of this standard while describing each measure utilized. Training documentation supporting completion of the specialized training for the 10 State-wide OPS Investigators, who are assigned to complete these investigations, was provided for review by the auditing team. The MDOC conducts resident on resident sexual abuse/harassment investigations. All allegations that involve staff that appear to be criminal are forwarded to local law enforcement. If local law enforcement does not accept the case, the OPS PREA Unit will investigate the allegation and forward to the prosecuting attorney when applicable. The OPS Investigators maintain an open line of communication with investigators from outside agencies while providing additional support as needed. The credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not determined by the person's status as a resident or staff. Residents who allege sexual abuse are not required to submit to a polygraph examination or other truth telling device as a condition for proceeding with the investigation of such an allegation. Additionally, the departure of the alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation. All investigative files are required to retain for 90 years.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment and Interview with the OPS PREA Unit Investigators, the Agency meets the mandate of this standard. The Agency does not impose a standard greater than the preponderance of evidence.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
☒ Yes ☐ No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of MDOC Directive D1-8.13; PREA Status Notification of Abuse by a Staff Member and Interview with an OPS Investigators and PREA Site Manager, St. Joseph Community Supervision Center meets the mandate of this standard. The OPS has a process in place to notify the resident upon close out of the investigation finding of substantiated, unsubstantiated, or unfounded. All notifications will be in writing and documented. Upon the completion of a PREA investigation or inquiry regarding a resident sexual abuse, the PREA Site Coordinator will make written notifications to the alleged victim regarding the outcome of the investigation or inquiry utilizing the applicable alleged sexual abuse by resident notification form. In the event that the investigation was conducted by an outside agency, the office of the OPS PREA Unit will request relevant information from the outside agency in order to inform the resident of the outcome of the investigation. MDOC policies require implementation of all notifications identified in this standard. There have been no sexual abuse investigations completed by an outside agency in the last 12 months of the PREA audit

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; MDOC Probation and Parole Manual; MDOC D2-11.10 Staff Conduct, St. Joseph Community Supervision Center meets the mandate of this standard. The Directives addresses disciplinary sanctions of employees up to removal for PREA related issues. Staff members are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse/harassment procedures. Termination from the MDOC will be the presumptive disciplinary action for staff members who have engaged in sexual abuse. All termination for violations or the resignation of a staff member, who would have been terminated if not for their resignation, will be reported to relevant licensing or accreditation bodies and law enforcement as applicable. SJSCS has not had any incidents of employee terminations and/or suspensions for issues of sexual abuse or sexual harassment in the last 12 months of the PREA audit. Staff interviews revealed an awareness of the Agency's zero tolerance policy as it pertains to sexual abuse and sexual harassment.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; D2-13.1 Volunteers; Interviews Volunteers and Contractors, St. Joseph Community Supervision meets the mandate of this standard. MDOC has a zero tolerance involving sexual abuse and sexual harassment of residents by contractors and volunteers. The policies outline criminal actions taken in the event a volunteer or contractor sexual abuses or participates in sexual harassment. These policies also require that contractors or volunteers who commit the prohibited act of engaging in sexual abuse are reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. One contractor was available for interview during the site visit. She was aware of her responsibility as a contract worker in regards to the PREA standards. SJSCS reported there were zero incidents reported of volunteers and/or contractors that engaged in sexual abuse of a resident in the last 12 months of the PREA audit.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? ☒ Yes ☐ No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes ☐ No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? ☒ Yes ☐ No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment, St. Joseph Community Supervision Center meets the mandate of this standard. The listed policy outlines disciplinary sanctions that may be imposed on residents who engage in sexual abuse and sexual harassment. Residents are subject to discipline internally for inmate on inmate sexual abuse. Inmates are only disciplined for sexual relations with staff in cases where it is determined to be without consent from staff. All acts of sexual activities between residents are prohibited and residents determined to have committed this act will receive discipline, but only under the findings that the act was not coerced by staff and/or other residents. Disabilities and mental illness factors contributing to the acts of a resident's participation in sexual activities will be considered during the discipline process. A resident reporting an allegation of sexual abuse in good faith, in which the finding was determined to be unfounded, will not receive discipline for making the report. SJSCS has had zero incidents of discipline on residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact. SJSCS does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The SJSCS would, however, refer these individuals to appropriate community resources.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
☒ Yes ☐ No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? ☒ Yes ☐ No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

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In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, St. Joseph Community Supervision Center meets the mandate of this standard. SJSCS does not employ Medical or Mental Health Staff. All residents are referred to

Mosaic Life Care Hospital for medical assessments and treatment. Residents report to Young Women Christian Association and/or the Family Guidance Center for mental health treatment. If residents needed and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. If medical attention would be needed, staff would contact an ambulance for transportation to the local hospital at Mosaic Life Care Hospital that provides SANE/SAFE exams. If staff would be available, transportation could be provided by the facility. There were no residents that required referral for community services relating to sexual abuse at SJCS since the last PREA audit in July 2016.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) ☒ Yes ☐ No ☐ NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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In accordance with a review of D1-8.13 Offender Sexual Abuse and Harassment; MDOC Department of Mental Health Community Treatment and Recovery Services Referral Form; Interviews with PREA Site Coordinator and District Administrator, St. Joseph Community Supervision Center meets the mandate of this standard. SJCSC does not employ Medical or Mental Health Staff. All residents are referred to Mosiac Life Care for all ongoing medical treatment. The Agency has a Additionally, we have an MOU the YWCA that will ensure the victim has a victim advocate with them should they desire. This advocate is knowledgeable and trained to inform and advocate for the victim and her mental and physical needs. The YWCA Victim Advocate Services located at 304 North 8th Street, St. Joseph, Missouri. Ongoing mental health treatment for residents is provided at the Young Women Christian Association as needed. These services will not be of cost to the victim. If residents need and/or requested medical or mental health treatment, the local mental health community resource would be contacted about a crisis appointment. A referral would be provided for the crisis appointment and any further required treatment. Alleged victims of resident sexual abuse of any kind that consists of penetration of the mouth, anus, buttocks, or vulva, however sight, by hand, finger, object instrument or penis will be provided with

prophylactic treatment and follow-up for sexually transmitted or other communicable diseases, as clinically determined by the physician. The facility does not have medical services to conduct pregnancy tests. Female residents who are victims of abusive vaginal penetration while a resident are offered pregnancy tests by the outside medical provider, MOSAIC Life Center Hospital. Female victims will be offered timely information and timely access to pregnancy testing and emergency contraception in accordance with professionally accepted standard of care where medically appropriate. These follow-up services, treatment plans, and, when necessary, referrals for continued care following the resident's transfer to, or placement in, other facilities, or their release from custody will continue. Upon receiving a report of a substantiated case of resident sexual abuse the PREA Site Coordinator will submit a referral and screening note-health services form to ensure the perpetrator will be assessed by qualified mental health professional (QMHP) within 60 days of learning of such abuse. There were no residents that required referral for community services relating to sexual abuse at SJCSC since the last PREA audit in July 2016.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No

- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC Directive D1-8.13 Offender Sexual Abuse and Harassment, and PREA Annual Report, Interviews with the Director, and PREA Site Coordinator, St. Joseph Community Supervision Center meets the mandate of this standard. MDOC policy requires a sexual abuse incident review must be conducted within 30 days of the conclusion of investigations, unless the allegation is determined to be unfounded. Interview with the Director of Professional Standards indicated the facility would implement recommendations that result from the review, or document the reasons for not making

the implementations. SJCSC does not employ medical and/or mental health staff at the facility. Staffs are required to obtain a Release of Information in an effort to include medical mental health input during the incident review hearing. The PREA Manager, District Administrator, and PREA Site Coordinator clearly articulated the proper procedures in conducting such reviews and provided a copy of the PREA Incident Review Debriefing form for the auditor's review. The review team includes upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners and includes all measures of this standard during the review process. There were no sexual abuse allegations reported since the previous PREA audit in July 2016 that required an Incident Review. Therefore, no files were available to review.

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
☒ Yes ☐ No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
☒ Yes ☐ No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of Directive D1-8.13 Offender Sexual Abuse and Harassment; PREA Annual Report, and Survey of Sexual Violence (SSV) survey, SJCS meets the mandate of this standard. The data collected is based on the most recent version of the Survey of Sexual Violence by the Department of Justice and is collected in the Corrections Information Network [COIN] system. The SJCS does not contract its inmates to other facilities. The PREA Manager prepares an annual report compiling each facility's current year's data and corrective actions. The Agency reviews and collects data as needed from all available documents, including reports, investigation files, and sexual abuse incident reviews. The report includes a comparison with prior year's data, corrective actions and an assessment of the department's progress in addressing resident sexual abuse. The report is forwarded to the Agency Director for approval annually and provided to the Department of Justice. The MDOC annual PREA report for the years of 2010 – 2016 is available to the public on the Agency's website.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of the MDOC Agency Website; PREA Annual Report it was determined St. Joseph Community Supervision Center meets the mandate of this standard. The agency's policy requires the PREA Analyst to prepare and aggregate data collected throughout the agency. Each year an annual report is prepared that includes all identified noted problems within each facility while applying corrective actions for each area identified throughout the agency as a whole. The annual report includes a comparison of the current year's data and corrective actions with prior years and provides an assessment of progress in addressing sexual abuse. A review of the annual reports confirmed no personal identifiers are included in the report prior to publishing on the agency website. The MDOC Annual Report on Sexual Victimization is posted on the Agency's website and available for review at <http://www.doc.mo.gov/OD/PREA.php>.

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
☒ Yes ☐ No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes ☐ No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

In accordance with a review of MDOC PREA Annual Report; MDOC PREA Website, the Agency meets the mandate of this standard. MDOC policies require the agency to prepare an annual report. Problem areas of concern and corrective actions are included in the annual reports for each facility throughout the Agency. A comparison of the current year's data and corrective actions with those from prior years, and provides an assessment of progress in addressing sexual abuse. MDOC data is retained for at least 90 years and is secured by Office of Professional Standards and PREA Analyst. The Agency ensures all personal identifiers are removed before publishing the reports. The annual report is posted on the MDOC website at <http://www.doc.mo.gov/OD/PREA.php> for review by the public. A review of the Agency's website confirmed PREA Annual Reports were posted from 2010 through 2016. No identifiable markers were noted in the reports.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents, residents, and detainees? ☒ Yes ☐ No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
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- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency did ensure that each facility operated by the agency was audited at least once. During each one-year period starting on August 20, 2013, the agency ensured that at least one-third of each facility type operated by the agency was audited. The PREA auditing team was given access and the opportunity to tour and visit all areas of the facility. The auditor and support staff was given access to tour the entire facility. The auditor and support staff was provided with offices that ensured privacy in conducting interviews with residents and staff during the site visit.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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The MDOC website <http://www.doc.mo.gov/OD/PREA.php> confirms that the agency ensures that the auditor's final report is published on the agency's website. MDOC is composed of 22 Adult Institutions, 6 Community Supervision Centers, and 1 Transition Center in St. Louis. Additionally, there are more than 40 district offices, along with institutional parole offices, residential facilities and satellite offices in seven regions. A review of the website found the Final Audit Reports for 39 PREA Audits of MDOC facilities between the years of 2014 – 2017. There were 10 facilities audited in 2017, 10 facilities audited in 2016, 16 facilities audited in 2015, and 3 in 2014. The most recent audit appearing on the website was July 3, 2017, well within the 90-day requirement. MDOC meets the mandate of this standard.

AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Debra Dawson

July 12, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.